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A Course of Lectures

ON

URINE, URINARY DEPOSITS, AND CALCULI.

DELIVERED AT THE PATHOLOGICAL LABORATORY, DURING THE SESSION 1857-58.

BY

LIONEL BEALE, M.B., F.R.C.P., F.R.S.,

PHYSICIAN TO KING'S COLLEGE HOSPITAL; PROFESSOR OF PHYSIOLOGY AND OF GENERAL AND MORBID ANATOMY IN KING'S COLLEGE, LONDON; ETC.

LECTURE VI.

THE ANATOMY OF THE KIDNEY. ITS ACTION IN HEALTH AND DISEASE. *Cortical and Medullary Portions of the Kidney. Pelvis. Mammillæ. Infundibula and Calyces. Artery. Vein. Nerves. Lymphatics. Secreting Apparatus. The Uriniferous Tube. Of the Circulation in the Kidney. Epithelium. Of the Basement Membrane of the Tubes and of the so-called Matrix. On some Points connected with the Physiology of the Kidney.* ON THE FORMATION OF CASTS OF THE URINIFEROUS TUBES. *Of the Cast. Circumstances under which the Renal Secretion may be altered in Quantity or Quality. On the Absorption of Substances from the Stomach, and their Excretion in the Urine.* MORBID CHANGES AFFECTING THE STRUCTURE OF THE KIDNEY. *Of Bright's Disease. Dr. Johnson's Investigations.*

GENTLEMEN,—I propose to devote some time this evening to the consideration of the anatomy and physiology of the kidney, and I hope to be able afterwards to give you a short account of some of the most important morbid changes to which this gland is liable.

As the kidney is essentially concerned in the removal of soluble substances resulting from the disintegration of tissue, the accumulation of which in the blood would materially interfere with the action of other important organs, it must necessarily form an interesting subject of study for the physician. It is not too much to say that, without a good knowledge of the anatomy and physiology of the kidney, it is impossible to form an accurate idea of the nature of a large class of diseases. A thorough acquaintance with the physiological changes occurring in this organ will alone enable us, to the greatest advantage of our patients, to suggest and apply remedies in various cases of disease. The subject is so extensive that I cannot hope to do more than offer some very brief remarks; and I shall omit discussing many points connected with the pathology necessary to make the subject complete, because your practical knowledge of disease renders such a minute description superfluous.

The general anatomy of the kidney is shown in section in the diagram (Fig. 11). Each kidney is enclosed in a capsule composed of fibrous tissue, but abundantly supplied with blood-vessels, and with lymphatics. At the hilus or notch, the capsule is continuous with the areolar tissue which surrounds the large vessels, and extends in intimate relation with them for a certain distance into the interior of the organ.

The *cortex* or *cortical portion* of the kidney consists of a layer about half an inch in thickness, forming the surface of the entire organ, and dipping down often to the depth of an inch between the pyramids.

The *medullary portion* lies immediately within the cortex, and is directly continuous with its inner surface. It is composed of from ten to fifteen pyramids, their bases being continuous with the cortex; their apices free, and projecting into the cavity in the interior of the organ (*pelvis of the kidney*).

Pelvis: Mammillæ: Infundibula: Calyces. The mucous membrane, with the fibrous and muscular tissue externally, forms a dilated cavity in the interior, called the pelvis. From

Fig. 11 shows the general structure of the kidney as seen upon section. The *ureter* traced upwards is continuous with the pelvis of the kidney. From the *pelvis*, narrow funnel-shaped prolongations (*infundibula*) are observed. These extend to the *pyramids*, being reflected around the apex of each to form a cup-shaped depression (*calyx*). The apices of some pyramids are also seen opening into the infundibula towards the observer. The *cortex* extending round the kidney and passing inwards between the pyramids, is easily distinguished from the *medullary portion*, by the irregular granular appearance it presents to the unaided eye, and by the numerous minute points (*Malpighian bodies*) seen in it. The medullary portion is composed of the pyramids, which consist of tubes which are nearly straight, and converge to the apex or *mammilla*, when they open by about fifteen or twenty orifices. Portions of arteries and veins are observed between the infundibula, and smaller vessels are seen in the section between the cortex and medulla. These give branches in two directions, *outwards* to the cortex, and *inwards* to the pyramids. The drawing is about two-thirds of the natural size. The scale at the side is divided into four spaces, representing inches.

the pelvis, passing towards the apices of the pyramids, are several tubular prolongations, forming funnel-shaped channels (infundibula), usually not more than twelve in number. In many cases, two pyramids open into one infundibulum. Each of these funnel-shaped prolongations forms a cup-like cavity round the tip of the pyramid (*mammilla* or *papilla*), called a *calyx*. Lastly, the mucous membrane, after forming this reduplication, is firmly adherent to the mammillæ, and immediately continuous with that lining the tubes, which open by orifices varying from ten to twenty or more in number upon the summit. Some of the free extremities of the pyramids are thin, and extend in a longitudinal direction perhaps for the distance of a quarter of an inch or more. The term mammilla or papilla can hardly be properly applied to these.

The pelvis is dilated at the notch or hilus, where it leaves the kidney, and soon contracts to a tube with muscular parietes (ureter), which opens into the bladder—one on each side of this viscus, at its posterior aspect.

Artery. Outside the mucous membrane of the pelvis of the kidney, the artery, entering at the hilus behind the vein, divides into branches, which are distributed to the organ. The branches of the artery do not anastomose, but radiate outwards as they divide and pass towards the cortex of the organ. Arrived at a point between the cortical and medullary portions

of the kidney, many branches pursue for some distance a more or less horizontal, or rather curved course, corresponding to the bases of the pyramids. From these radiate outwards in the cortex a number of nearly straight branches, which give off on all sides little vessels which terminate in Malpighian

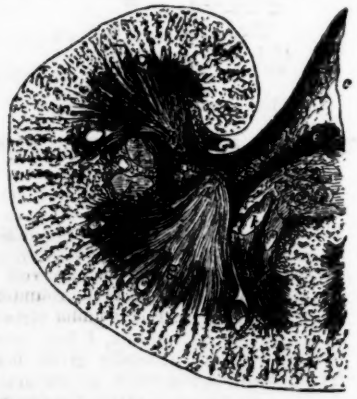


Fig. 12.—Thin section of a portion of the kidney. *a.* Cortical, *b.* Medullary portion. *c.* Pelvis. *d.* Infundibulum. *e.* Opening of an infundibulum into pelvis. *f.* Calyx. *g.* Pyramid. *h.* Mammilla or papilla. *i.* Adipose tissue. *k.* Large veins divided in making the section. Small arteries are also seen cut across in different parts of the section, some large branches being situated between the cortex and medullary portion of the organ.

bodies. The great bulk of the blood carried by the artery to the kidney is distributed by Malpighian bodies; but a few small arterial branches pass straight through the cortex, and supply the capsule; others are distributed upon the external surface of the pelvis, and ramify amongst the adipose tissue in the neighbourhood; while some (*vasa recta*) are given off from the vessels that lie between the cortex and medulla, many branches of which, I have shown, anastomose with each other, and pass in the substance of the pyramids towards their apices.

The emulgent or renal vein is formed by the union of a number of smaller trunks which receive the blood from the capillaries. Numerous large branches may be seen in the intervals between the cortex and medulla. They converge from all points, receiving the blood distributed by the artery as above described, and at length form one large trunk, which emerges at the hilus at its anterior part, and opens into the inferior cava.

Nerves. The nerves are branches of the sympathetic, and are distributed upon the coats of the artery. They may be traced for a considerable distance into the interior of the gland, always accompanying the subdivisions of the artery. I have seen branches on the Malpighian arteries, but have not been able to ascertain how they terminate. It is possible that small branches may pass into the Malpighian tuft.

Lymphatics. There are numerous lymphatic vessels distributed to the kidney. They leave the organ at the hilus, where the large vessels enter. I have not succeeded in injecting these lymphatics as I have in the case of the liver, where they exist in great number, and are found both in the substance of the capsule and in the portal canals. The capsule of the kidney is probably also supplied with lymphatics, although it is not easy to demonstrate them by injection.

Secreting Apparatus: Uriniferous Tubes. The secreting apparatus consists of tubes lined with epithelium. The tube commences in a small flask-like dilatation, which embraces the capillary vessels of the Malpighian tuft (Fig. 13). In continuation with this is the tube which, in the greater part of its extent, is very much convoluted, being frequently bent upon itself; so that a great length of secreting tube occupies but a very small space. The convoluted tubes are so closely packed, that it is impossible to trace the course of one individual tube for any great distance; and, in thin sections of the cortex, segments of the windings of different tubes are seen divided in all directions.

The tubes, as they are about to leave the cortex, pursue an almost straight course; and here commences the ductal portion of the urinary apparatus. A certain number of these straight tubes extend nearly to the surface of the kidney, and carry off the secretion from the tubes which lie most superficially. These may be seen lying in the cortex, at certain intervals. In the pyramids, the tubes are straight; and as they converge, they unite together, and become fewer in number; while their calibre greatly increases as they pass towards the apex of the pyramid, where they open as before described. Some of these orifices are figured in Plate xxii, Fig. 5, vol. i, *Archives of Medicine*, 1859.

The *cortex* of the kidney, then, is composed of Malpighian bodies, the flask-like dilatations and convoluted portion of the uriniferous tubes with capillaries, the arrangement of which will be presently considered, branches of arteries and veins, with a certain amount of transparent and fibrous tissue.

The *medullary portion* is composed of the pyramids, which are formed of the straight portion of the uriniferous tubes, with capillaries, bundles of small straight branches (vasa recta) from the arteries, and numerous straight branches of small veins; the majority of these nearly straight vessels, however, consist of vessels resulting from the division of the efferent vessels of the Malpighian bodies situated nearest the pyramids (Fig. 14). There is also an intervening material containing nuclei and having a very firm consistence.

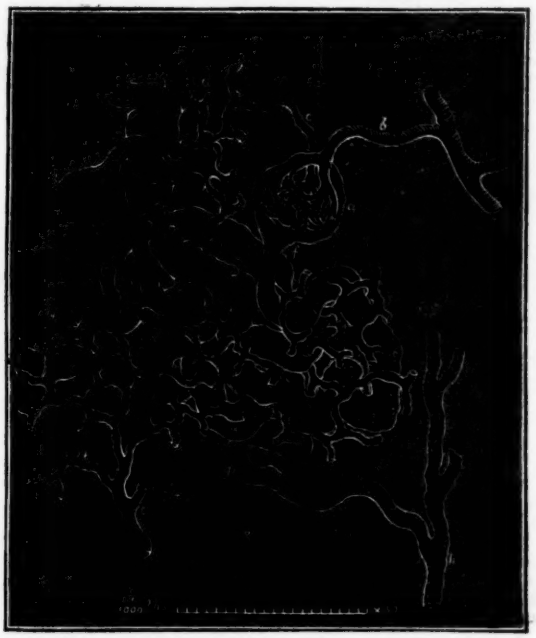


Fig. 13.—The arrangement of the secreting structure and vessels of the kidney of man, magnified about 50 diameters. *a.* Malpighian body. *b.* Malpighian artery or afferent vessel. *c.* Efferent vessel. *d.* Capillary network, into which the blood passes from the efferent vessel. *e.* Small venous radicle, which carries off the blood after it has traversed the capillaries just alluded to. *f.* Commencement of the uriniferous tube by a dilated extremity, which embraces the vessels of the tuft. *g.* The tube; near the point where it opens, joins others, *h*, to pursue a straight course towards the pyramids of the kidney. *i.* Another tuft, the vessels of which are empty and shrunken. *k.* Portion of a tube cut across, showing the basement-membrane. The attention of the reader is particularly directed to this figure.

Circulation in the Kidney. By the aid of Fig. 13, we may now trace the course of the circulation in the kidney. Starting from the arterial branches between the cortex and medullary portion of the organ (Fig. 12), the blood pursues two directions—*outwards* towards the external surface, and *inwards* towards the apices of the pyramids.

Of the blood which passes *outwards*, a little is distributed to the capsule and membrane of the pelvis, but by far the larger proportion is carried to the Malpighian bodies. Arrived at the Malpighian body, the trunk of the little artery divides into three or four dilated branches, each being as wide as the artery itself, which subdivide into capillary loops having their convexity towards the uriniferous tube, and which lie uncovered by epithelium within its dilated commencement; so that fluids passing through the membranous walls of these capillaries, and, indeed, everything escaping from them when they are ruptured, must at once pass into the uriniferous tube. The blood is collected from the capillaries by small venous radicles which lie in the central part of the tuft, which there unite to form a single efferent vessel that emerges usually at a point very close to that by which the artery entered. In some

specimens, I have seen two and even three efferent vessels, but these are not common.

The *efferent* vessel of the tuft pursues a short course, and then divides into an extensive network of capillaries, in the meshes of which the tubes ramify. It is from the blood, which, after passing through one system of capillaries in the tuft, thereby losing much of its water, slowly wanders in a more concentrated state, through this second extensive capillary system, that the solid constituents of the urine are separated by the agency of the epithelial cells lining the tubes. The water transuding from the capillaries of the Malpighian body is made to traverse in succession the epithelial cells lining the tube, and dissolve the different substances which they have separated from the blood. It becomes richer and richer in solid constituents as it approaches the straight portion of the tube. From the network of capillaries above alluded to, the blood is collected by small venous radicles, which at last pour their contents into the renal or emulgent vein.

Of the comparatively small quantity of the blood which passes *inwards* towards the apex of the pyramids, a very small portion passes into vessels which supply the walls of the pelvis and adipose tissue. The remainder is conducted towards the apex of the pyramid by the *vasa recta*, or branches resulting from the division of small trunks of the artery, one of which is represented at *a*, Fig. 14. These *vasa*

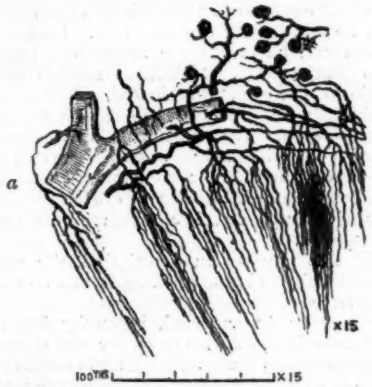


Fig. 14 represents the so-called *vasa recta*. Some of these straight vessels are seen to spring immediately from small arteries, but the greater number are formed by the division of the efferent vessels of the Malpighian tufts situated near the medulla.

recta terminate in a capillary network, in the longitudinal meshes of which the straight portions of the tubes lie. I have shewn that the vasa recta have the structure of small arteries; and, in disease, their coats are found much thickened, and the circular fibres very distinctly marked. It must not be concluded, however, that all the straight vessels in the pyramids are vasa recta; for the efferent vessels of those tufts near the pyramids divide into long and nearly straight branches, which pour their blood into this system of capillaries, from which it is collected by radicles which also pursue a straight course, and unite together to form small trunks, which open into branches of the vein lying between the cortical and medullary portions of the kidney. It should be mentioned, that the intertubular capillaries are everywhere continuous; and from this network venous radicles arise at certain intervals. The arrangement of the capillaries is well shown in the frontispiece of the *Illustrations of Urine, Urinary Deposits, and Calculi*. Virchow seems to consider that all, or very nearly all, the straight vessels consist of vasa recta; but I have shown by transparent injections that many of these vessels are the efferent vessels from Malpighian bodies, as Bowman long ago stated. Some, however, certainly come directly from arteries (Fig. 14). ("On the Vasa Recta in the Pyramids of the Kidney," by the author—*Archives of Medicine*, No. IV, 1859.)

Epithelium. The epithelium of the kidney is represented in the annexed cut. That in the convoluted portion of the tube is described as being polygonal; it extends into the tube to the extent of one-third of its calibre. That in the straight portion of the tube is flatter, and approaches to the scaly variety of epithelium. Although the convoluted portion of the tube is much wider than the straight portion, the diameter of the channel is much wider in the latter position than in the former, owing to the much greater thickness of the epithelium in the secreting portion of the tube.

In healthy human kidneys, I have never seen the outline of the cells so distinctly as figured in various works, or in the upper part of my own figure. The round body usually termed the nucleus is very clear and well defined, and this seems to be surrounded

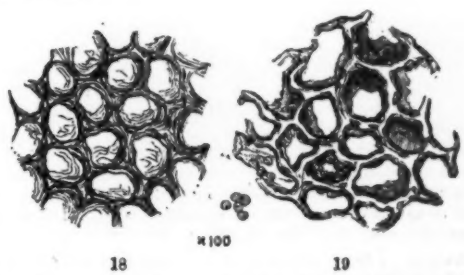
Fig. 15.—Epithelium from the convoluted portion of the uriniferous tube. *a*. Treated with acetic acid. × 215.

by a quantity of soft granular matter. I think it very doubtful if there is a cell-wall external to this. In many cases of disease, the round central body is all that can be made out; and sometimes these are found in great number in the urine. By the action of acetic acid, nucleoli may be observed. It would seem as if the granular matter external to the rounded granular body (nucleus) was altered in character under certain circumstances. From numerous observations, I feel compelled to dissent from the descriptions generally given both of the kidney and liver epithelium, inasmuch as the appearance of a cell-wall can only be seen under certain circumstances; and in many animals there is undoubtedly no such structure. I would rather say that the so-called nuclei are imbedded in a granular material, by which they are separated from each other by nearly equal distances, as represented in the lower part of Fig. 15.

16 17

Fig. 16.—Epithelium from the pelvis of the kidney.
Fig. 17.—Epithelium from the ureter.

The epithelium in the straight portion of the tube is much flatter than that in the convoluted part, and probably serves the office of a protective covering. It is doubtful if it takes part in secretion.



18 19

Fig. 18.—Section of cortical portion of a healthy kidney washed in water and examined in the same medium. The capillaries are not injected, and, being collapsed and shrunken, exhibit the fibrous appearance which is considered to depend upon the matrix.
Fig. 19.—Section of another part of the same kidney in which the vessels were injected. The nuclei on their coats are seen, but no fibrous matrix is distinguishable.

The Basement-Membrane of the Tubes and the so-called Matrix. The basement-membrane is easily demonstrated by washing a thin section of the kidney, so as to remove the epithelium. It is much stronger and thicker in the pyramids than in the cortex (Fig. 20, *b*).

The so-called matrix described and delineated by Goodsir, Kölliker, Dr. G. Johnson, and others, I have not succeeded in demonstrating to my satisfaction; for, when the capillaries of the kidney have been distended with transparent injection, I have failed to demonstrate any fibrous structure between the wall of the tube and that of the vessels. The appearance considered to be fibrous matrix is easily seen in any thin section which has been washed and examined in water; but in such a section it is impossible to distinguish the walls of the tubes, those of the capillaries, and the so-called fibrous matrix, from each other. It has been figured by many as a distinct structure; and Fig. 18, representing a section which has been washed in water, gives its appearance most distinctly. Fig. 19 represents an injected specimen

from the same kidney, which does not exhibit any indication of fibrous tissue existing between the vessels and the tubes. Here and elsewhere, as I have shown, the stretched and crumpled capillaries produce an appearance resembling fibrous tissue or matrix of the kidney (*Archives of Medicine*, No. III, 1858).

This so-called matrix has been compared to the ultimate ramifications of Glisson's capsule; and it has been considered necessary as a support to the structures of which the gland is composed. I have never seen fibrous tissue in the situation described in health in either gland; and it is quite obvious that the structures do not require any supporting tissue, as they mutually support each other; and any matrix would tend to increase the distance between the secreting cells and the blood, while we certainly find in these organs every arrangement to reduce this as far as possible consistently with strength. If this matrix exists, it ought to be developed as a structure distinct from the tubes and vessels; but, as far as I know, it has not been demonstrated in the embryo at an early stage of development of the kidney, by any one; and, in a careful examination of embryonic structures, one cannot fail to be struck with the absence of this fibrous tissue, which is by some regarded as an essential part of every organ. The morbid changes are surely explained as well by supposing the effusion of a new material between the walls of the tubes and those of the vessels, and by a thickening or other change in one or both of these structures, as by attributing them to an alteration in the matrix or intertubular areolar or fibrous tissue (*Bindegewebe*).

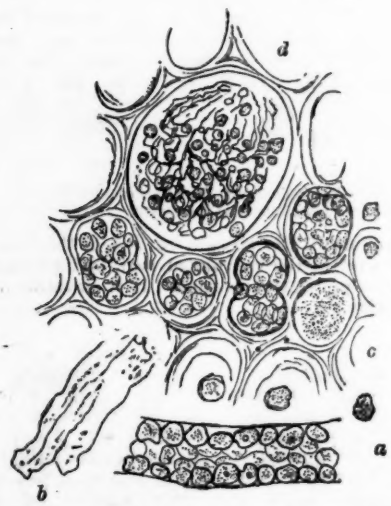


Fig. 20.—Thin section of healthy human kidney slightly washed in water. *a*. Convoluted portion of uriniferous tube. *b*. A portion of a tube stripped of its epithelium. *c*. Outline of tube and crumpled capillaries, having a fibrous appearance—the so-called matrix. *d*. Malpighian body. Loops of vessels shrunk, showing cells in thin walls. X 215.

The conclusions to which I have arrived, from numerous investigations on this subject, may be summed up as follows:—

1. In the cortical portion of the kidney there is no evidence of the existence of a "*fibro-cellular matrix*".

2. The fibrous appearance observed in thin sections of the kidney which have been immersed in water is due to a crumpled, creased, and collapsed state of the membranous walls of the secreting tubes and capillary vessels.

3. A small quantity of a transparent and faintly granular material, with distinct nuclei, the nature of which has not yet been determined, is to be demonstrated between the walls of the tubes and the capillary vessels.

4. The changes met with in disease can be fully explained without supposing the existence of a *fibrous matrix*.

[*To be continued.*]

THE MILITARY MEDICAL PROFESSION IN FRANCE. By an imperial decree dated June 18th, the relative ranks of the medical officers of the French army are to be regulated as follows:—An inspector ranks with a general of brigade; a principal surgeon, first class, with a colonel; second class, with a lieutenant-colonel; a surgeon-major, first class, with a *chef de bataillon*; second class, with a captain; assistant-major, first class, with a lieutenant; second class, with a sub-lieutenant.

Lettsomian Lectures

ON

THE OPHTHALMOSCOPE AND ITS APPLICATION.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON.

By HAYNES WALTON, Esq., F.R.C.S., Surgeon to St. Mary's, and to the London Ophthalmic Hospitals, etc.

LECTURE I (*concluded from page* 453).

FOR the examination, the patient sits by the side of a table on which the lamp is placed close to his head, and the flame put to a level with the eye, from which it is screened by a little metal plate fixed to the burner; but his hand may be used as a screen. The observer takes his position directly in front, and sits slightly elevated, holds the ophthalmoscope close to his own eye, in an oblique position, to receive the light from the lamp, and at about eighteen or twenty inches from the patient's eye, on which he must throw the reflection. Looking through the central aperture, he moves the instrument forwards, and endeavours to get the focus. A diffused reddish glare shows that the interior of the eye is illuminated. With a little more adjusting backwards and forwards, the retinal vessels or the optic disc may be seen. The exact focus is now obtained. If, however, it should be desired to illuminate the eye still more, or to magnify the parts at the fundus for examination, the lens must be used. It should be held before the eye at its focal range, and the ophthalmoscope and it manœuvred till the desired definition is acquired.

Easy as all this appears in description, the majority of persons have difficulty in accomplishing it, and do not succeed till after many trials.

As might naturally be expected, ingenuity has not been asleep in endeavouring to devise an easier way of getting the focus, and of maintaining it when found, for in truth the method in ordinary use is like making a microscopic examination with the lenses held in our hands. I have seen and used many instruments devised for this purpose, yet I have met with but one that has answered, Leibreich's. It is of German invention. It consists of the mirror and the lens set in a tube, to each of which is attached an adjustment; the whole is clamped to a table. The patient's head is fixed, partly by resting on the end of the table, and partly by a chin support, which is screwed to the table.

Nothing can be more satisfactory than an examination in this way when the focus is got; it is just the thing for the uninitiated to look through, after an experienced observer has made the arrangement. Such an instrument greatly facilitates ophthalmoscopic drawings; but it possesses, as far as I know, no other practical use, and its machinery renders it inapplicable for ordinary application. The simple instrument, once learned, is enough for our purpose. All that we need in an inspection is a general idea of the interior of the eye; and, for the most part, we get at a glance all that can be of use to us. I suspect that it would avail us little, as regards treatment, if we could obtain a microscopic view of the morbid anatomy of the diseased tissues.

The optic disc is the first and chief object to be examined, and, as it is on the nasal side, may generally be readily found if the patient turn his eye inwards. I always desire him to look at the tip of my ear, on the side farthest from the eye examined. It is in early life a pinkish white disc, more or less circular, set as it were in a field of red. This disc is the termination of the optic nerve; there is a question about its prominence in life. A very slight shadow around parts of its circumference, when the light is thrown in certain positions, tends to support the affirmative. In death there is a slight perceptible rising at the margin, while the centre is rather depressed. As age advances, the circular figure is less certain, and even the size varies. Besides this, it may be white, and all of which differences are compatable with perfect sight. But the examiner must be prepared for apparent differences in size if he uses ophthalmoscopes and lenses of different foci; hence the prudence of keeping to the same.

The central artery of the retina and the vein perforate the

disc about the middle; sometimes in different parts. Their branches, which vary in number and arrangement generally from one to four pairs, may be traced anastomosing to the periphery of the retina; their capillaries, of course, are not singly visible, but impart general redness; they may be over each other, or interlace. In the young eye, the primary trunks pass away with but slight undulation. In the old eye, they are often very tortuous.

The artery is smaller than the vein, and is paler, because its coats are thicker, for which cause, too, it has a sharper outline, and generally a more direct course. For the most part, it enters as a single trunk, and at once ramifies, but may pierce the disc as branches.

The vein is redder, because its thinner coats enable the blood to be seen through it. Usually, the branches pass out through several apertures and unite in the optic nerve. It is only under very favourable circumstances that any distinction can be made out between these vessels. A beginner must not expect to see a difference, for it is only a very experienced eye that can detect it. The artery has a pulsation which is seen near the disc, more commonly however in diseased states of the eye than in health; slight pressure on the eyeball often makes it apparent. There is, too, a rhythmical venous pulsation to be seen under disease, and made more obvious under pressure. It is especially observable in tense eyeballs; I have never seen it in a normal eye. The retina, in health, is chiefly recognised by its vessels, for ordinarily its transparency prevents any other mode of detection. It is only when the pigment of the choroid is unusually deep that other indication of it is obtained in a faint bluish glaze over the dark surface.

The choroid more than the retina gives the red colour to the interior of the eye, and although the vessels, which are parallel rather than arborescent, are larger than those of the retina, they are not visible ordinarily.

When the pigment which intervenes between them and the retina is scanty, as in old persons among white people, they are more discernible. In the albino, where the pigment is absent they are still more visible. In certain states of disease, when the pigment is removed they are quite apparent. In the dark races, in whom the pigment abounds, there is no trace of them, and the light is but faintly reflected. In the negro it is so abundant, and its presence produces so marked an effect, that the fundus of the eye can scarcely be illuminated, certainly but feebly in those I have examined. Among Europeans, then, we trace the larger vessels by the irregular markings or mottlings of a dusky colour, which is in contrast to the vascular interspaces that contain more pigment, and are therefore darker.

The *punctum centrale retinæ*, or yellow spot of Sömmering, or *macula lutea*, or *limbus luteus*, almost peculiar to man, has been as great a puzzle to ophthalmoscopists as to anatomists; for I need hardly say that no two anatomists are agreed about its structure, and the best speak with reservation. Situated as it is directly in the axis of the eye, the tenth of an inch external to the optic nerve, and in the most sensitive part of the retina, it has been made the object of special search. I have never seen it—never been able to make it out, and no better result has attended the study of better investigators than myself. It does not then appear to be discernible under usual conditions, and practically need not be entertained. Its exact position may be noted, it is said, by the retinal vessels not passing over it, but above and below.

The student must be prepared to meet with different degrees of illumination, and different shades of light—reddish, orange-red, orange, yellow, or buff. It is no easy matter to get a tolerably practical knowledge of the healthy state, much investigation and abundant opportunities are needed, and withal remarkable patience. It is only by familiarity with the variations of the healthy or physiological states that we can even detect morbid changes, and especially slight structural alterations. Here is the chief difficulty of the process; it has been the stumbling block of many, and caused no few aspirants to depreciate the discovery.

The most learned ophthalmologist the world has ever seen, in writing to me but two or three years ago, says, "I have made but very little of the ophthalmoscope; it requires much time and pains to make the use of it profitable. The differences in the appearances of the retina, even in healthy eyes, must render its application to pathological inquiries still more difficult and uncertain." These remarks retarded me from taking up the instrument earlier than I did, and were therefore prejudicial to me. Now he employs it with great success.

Having mastered the use of the instrument so far, we are puzzled by the existence of different kinds of impaired vision, and witness total loss of sight, without any appreciable textural change. But such a limit to our resources, such a barrier to the extension of knowledge, binds its parallel in all investigations of our elaborate organisation, and must be so while the essence of life, the vital principle, is a mystery. Let us remember that we cannot interpret, merely because we cannot read, and our deficiency at one point ought not to cause us to undervalue that which can be tolerably understood, and at least in some way be turned to account. It is marvellous what has been discovered, and what has been gained, for there has been more revealed in a few months than a century has given us. We have not equal means of examining any other organ, and there may be in store for future labourers revelations beyond conception.

The principle of the ophthalmoscope is not self-evident. If the question be asked why a reflector is necessary, and why the eye cannot be illuminated by the very lamp from which the eye is lightened, the answer may not be readily found. A stream of light thrown into the eye is reflected back by the retina and choroid, as before shown. This ensues whenever a light is looked at, or a lamp or a candle is held before the eye; but, except under the circumstances detailed, we see no reflection, and then only a partial one, and there is no definition. It is because our eye is not in the focus, the flame is in the direct line of reflection, and it cannot be seen through. This is overcome by using the mirror, which receives the light and represents the flame; and, by means of the hole, the eye can be placed in the focus.

Physical peculiarities, apart from any disease of individual eyes, renders the examination more or less easy. Sometimes the exploration is quickly made, at others it is tediously obtained; the unsteadiness, too, of a patient has its influence.

An examination should not be uselessly or unreasonably long. It would be unpleasant to any one, to say the least of it, to have a concentrated light on his retina for the greater part of an hour, and this persons seem to forget when they are learning to use the ophthalmoscope. We know that it is not very uncommon for the fundus of the eye to become preternaturally red during an ordinary inspection—a fact always to be remembered, and to be guarded against by avoiding a lengthened sitting, or by resting the eye for a few seconds when the process is necessarily prolonged. But what surgeon with any common sense would employ the ophthalmoscope when it would give pain or cause any uneasiness. Why it is just in such cases that the internal examination is not needed; there is enough indication to direct our treatment. The intolerance to light is a significant symptom; and, if it be associated with any surface-redness, there is evidence of inflammation of the eyeball.

On occasions where there is slight sensitiveness to light, so slight as to warrant a careful and brief examination, I reduce the lamp-flame, and illuminate less; toleration will then imbolden us to employ more light, should it be required. The examiner is likely to fatigue his own eye by the consecutive inspection of several subjects. I have known indistinctness of vision to be produced, and to last for days. The prevention is to avoid continuous examination, or to use the eyes alternately.

STEALING FROM A HOSPITAL MUSEUM. On Monday, John Rouse, the Subcurator of the Museum of St. Thomas's Hospital, and a porter named Charles Jenkins, employed at the same place, were charged at the Southwark Police-court with stealing a seal's skull, the property of the governors of the hospital. Mr. Hall, naturalist to the institution, said that, for the last week or so, the museum in the hospital had been in the course of cleaning; and the seal's skull, with other anatomical objects, was taken by him from the case, and put into a bath in another room for cleansing. The skull in question was the only one they had, and considerable value was attached to it. On Thursday afternoon, about five o'clock, witness missed the skull; and, the prisoners being seen to leave the building a little before, suspicion was attached to them, and, on making further inquiries, it was ascertained that the prisoners had sold the skull to Mr. Fisher of King's College Hospital. They were accordingly given into custody. Mr. S. Jones, Curator of St. Thomas's Hospital Museum, identified the skull. The prisoners pleaded guilty. Mr. Jones observed that Rouse had been many years in their service, and had hitherto borne an excellent character. He believed him to be the dupe of Jenkins. Rouse was committed for six weeks; and Jenkins for three months, with hard labour.

Addresses and Papers

READ AT THE

TWENTY-SEVENTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[*Held in LIVERPOOL, JULY 27th, 28th, and 29th, 1859.*]

RETROVERSION OF THE GRAVID UTERUS.

By Thomas Skinner, M.D., Physician to the Northern Dispensary, Liverpool.

[*Read in abstract, 29th July, 1859.**]

II.—Retroversio Uteri post Conceptionem.

[*Continued from page 473.*]

(*a*) *Mechanism* (*continued*). In the first class, as the mechanism belongs chiefly to the pathology of the non-gravid uterus, I beg to refer to treatises on that particular subject for information on this point. I would, however, observe that this class of cases has never been alluded to by any previous writer. In the table (Journal, p. 473), it will be seen that, out of sixty-three cases on record, there are twenty-nine where no cause is stated, and eight where no cause was traceable. I think it is more than probable that many of these were cases of retroversio uteri *ante* conceptionem. I would further observe, that in this variety, retention generally does not occur until about the third month or more, when it may come on gradually or suddenly, according to the fulness or otherwise of the neighbouring viscera, or from any cause which will alter the size or relation of the pelvic displacement. I have usually observed that the first symptoms complained of are constipation or diarrhœa; the morning sickness is distressingly aggravated, and sometimes prolonged to the afternoon; and there are threatenings of miscarriage before the third month; retention may then come on. All of these symptoms may be absent.

In the second class, arising from a fall on the feet, knees, os coccygis, or tubera ischii, the mechanism is most probably as follows:—During the early months of gestation, if a female experiences a fall on any of the above mentioned parts, the bladder at the time being empty or more or less distended with urine, the *contrecoup* or reaction force of the fall drives the fundus behind the promontory or down into the hollow of the sacrum; and it does so the more easily, the more that the bladder is distended, because of the weight of the urine, and of the momentum which it acquires from the *contrecoup*, and because the more full the bladder is, the more will the cervix be elevated towards or above the pubes. In this class of cases, the abdominal muscles may have some share in the production of the displacement.

In the third class, comprising those cases which are illustrative of Denman's theory, the mechanism, though simple, has been the source of a great deal of unnecessary talk. Denman speaks in praise of his own theory in the following terms. He says: "The matter no longer rests upon the foundation of opinion or conjecture; for, from the first case in which I thought I had reason to suspect it, I have so constantly observed it, either by the reserve of women of superior rank in life, or by the restraint of those in inferior situations, neglecting or being prevented from attending to the calls of nature, that there does not remain a doubt concerning it. The fact hath also been proved in a variety of cases by practitioners of the first eminence, who have supplied me with the most unquestionable testimonies of its truth." (Denman's *Introduction*, 5th ed., p. 139.)

Let me ask, how is this theory of Denman's, retention of urine, to account for those cases arising suddenly from a fall, where the bladder is not distended? I had unquestionable evidence of such a case in one which occurred in my own practice, where a young and lately married female fell on the tubera ischii, while walking on ice. She had passed urine just before going on the treacherous element; and within an hour of her doing so, the accident occurred. In about three hours thereafter, I was called to her on account of retention of urine, which was complete and mechanical, depending upon the retroverted gravid uterus. It might be said, with a show of reason, that the displacement in this case was caused by the three or four hours gradual accumulation of urine; but I am inclined to think otherwise, as the patient had felt an inclination to bear down from the time of the fall, which symptom is almost characteristic of recent or sudden retroversio uteri; and it was not likely to be a case of retroversio uteri *ante* conceptionem, as the patient was a primipara.

How is Denman's theory to account for those not uncommon cases where the displacement occurs previously to conception? How is it to explain the mechanism of cases which come on gradually in patients having the cavity of the pelvis unusually large, with a contracted brim and more or less prolapsus? This theory will not even account for the two cases witnessed by Denman himself and Dr. Merriman, where both patients are said to have gone to the full term of utero-gestation with the womb in a state of retroversion. In one case of Dr. Ramsbotham's at the eight month, so also in two of Denman's at the full term, during the whole time there never existed any retention of urine (Merriman's *Dissertation*, pp. 26-28; *Medical Times*, Oct. 23rd, 1852). How then could retroversion of the gravid uterus be produced by a cause or by a mechanism which never existed?

Dr. Denman says: "We shall be convinced that the uterus must be elevated before it can be retroverted" (5th ed., p. 139); and he refers us, in a foot-note, to some experiments he made upon the dead subject by strongly inflating the bladder with air, whereby he could nearly produce a retroversion even of the unimpregnated uterus. I am fully aware of the necessity of elevation of the cervix uteri to the production of the displacement in most cases; indeed, I believe it to be essential, but I differ from Denman as to how it is elevated. In experimenting on the dead subject, why did he use air, and not water? Could it be because it would elevate the uterus better? Besides, we have it still to learn that what can be done on the dead subject, even mechanically, can also be done in the normal or the diseased living subject; or, that what can be done with an unimpregnated uterus can also be effected with an impregnated one.

But Denman is manifestly wrong in stating that elevation of the uterus is necessary to the production of the displacement. If the uterus is elevated, the fundus must go with it, and be raised above the level of the promontory of the sacrum. Such being admitted, it is evident that the greater the enlargement of the womb, and the higher the elevation of the fundus above the sacral projection, the less chance there will be of retroversion taking place. *I am of opinion that the displacement rarely occurs, except when the whole of the uterus is, strictly speaking, a pelvic organ.* In corroboration of this statement, I beg to observe that the displacement always happens before the fifth month; and we have no positive proof that, as a rule, it can take place subsequently to this period.

The explanation of the elevation of the *cervix* is simply as follows:—It must be remembered that, in a healthy subject, the cervix is fixed more or less closely in front to the neck of the bladder; and that it has not the same degree of mobility which other parts of the uterus possess, particularly the fundus. As the bladder fills, the fundus falls backwards, describing a portion of the arc of a circle, the centre of which is in the cervical extremity of the uterus; the cervix or os uteri, at the same moment, is elevated towards the pubes, a basculating or see-saw movement going on between the two extremities of the uterus. This basculating movement happens more or less as a normal action between the body and cervix of the uterus; and it is only a greater degree of this movement which gives rise to the phenomena of retroversion in this class of cases. If the pelvis is large in all its diameters, and the tissues lax, it may happen with impunity, the reposition taking place as easily, or almost as easily, as the displacement, particularly before the third month. Dr. Ramsbotham's interesting cases are illustrative of these remarks (*Medical Times*, Oct. 23rd, 1852; and December 1855). If the pelvis is natural, or of the *æquabiliter justo minor* type, the uterus may not so easily rectify itself; fæces, or an accumulation of gas in the bowels, may come down and cause impaction; or, if the displacement has not been attended to in time, the obstruction to the uterine circulation in this abnormal position may cause more or less congestion of the organ; and the distension of the bladder, which first gave rise to the displacement, being kept up by the pressure of the cervix on the urethra, more or less complete retention is produced; all these actions are increased by the bearing down efforts on the part of the patient, caused by the pressure of the

* We have only lately received the manuscript of this paper from the author.—Editor.

fundus on the rectum; and they all tend to render both catheterism and reduction, in some cases, a matter of very considerable difficulty, particularly between the fourth and the fifth month of gestation.

In the fourth class, the mechanism is most in accordance with the views of Hunter. We have generally a deep or capacious cavity to the pelvis, with a contracted brim and a projecting sacral promontory; the uterus being at the same time somewhat prolapsed. In regard to the mechanism of this variety, I would observe that, in almost every well formed and healthy female, within six weeks after conception, the os uteri will be found occupying a position close to the external orifice of the vagina, or posteriorly, it will be felt resting on the perinæum; and it will generally be found in either of these positions in the recumbent, as well as in the erect posture. As it remains in this situation during the greater part of the period of pelvic gestation, and as this is a normal condition, it is not difficult to account for the displacement where the promontory of the sacrum is abnormally prominent and the sacral curve more than usually increased.

The displacement may happen in one of two ways. First, as Hunter says, the fundus may come to rest or press upon the course of the urethra or the neck of the bladder, and so far it will interfere with the function of the bladder, particularly in the erect position, or while inclining forwards, as in the act of micturition; the bearing down efforts of the abdominal muscles called into action to assist in emptying the bladder, acting through the medium of the bowels loaded with solid, liquid, or gaseous contents, steadily and forcibly drive the fundus backwards; the round ligaments gradually give way or extend under the pressure; the cervix first in order gets above the symphysis, where it remains; and the fundus takes up its abode where the cervix was formerly. Second, when the uterus, during its evolution, begins its ascent into the abdomen—the fundus, meeting with a more than usually projecting promontory to the sacrum, its upward growth is arrested; finding a wide berth in a capacious pelvic cavity, and the promontory of the sacrum acting as the resistance at the long end of the lever—it is not difficult to conceive how in this manner it may also become displaced backwards.

In the fifth class, where the displacement arises from unwonted action of the abdominal muscles, such as during violent tenesmus from the action of drastic purgatives, as in Mr. Weir's case (*Glasgow Medical Journal*, vol. i, p. 265); or from the bearing down efforts of a threatened miscarriage, as in Dr. Mayor's (Moreau's *Traité Pratique des Accouchemens*, vol. i, p. 217),—it is probable that a distended state of the bladder may, to a small extent, contribute towards the accident; but I am fully convinced that the abdominal muscles are the chief agents in the mechanism of the displacement; that they are in themselves perfectly equal to its production; and that they may do so gradually or suddenly, according to the violence or continuousness of their action.

Among an endless variety of circumstances calling these muscles into play, and likely to induce retroversion, may be mentioned the act of attempting to recover one's self from falling; lifting heavy weights; incessant coughing or vomiting, as in the earlier months of pregnancy; continuous straining to micturate or defecate; or the throes of an ordinary miscarriage. Leaping is not a usual accomplishment of the fair sex; but, as Dewees alludes to a lady who, in the early months of her pregnancy, "jumped a fence when pursued by a bull", and sustained thereby a retroversion of the gravid uterus,—leaping, therefore, ought to be noted (*Philadelphia Medical Journal*, vol. i, p. 243). In leaping most likely, the landing on the feet would have as much to do with the mechanism as the action of the abdominal muscles.

Under the above mentioned circumstances, it is not difficult to understand how, the cervix being fixed, itself the centre of motion, and the fundus free and enlarged, that the latter should be driven backwards into the hollow of the sacrum, particularly when we consider that females suffering from prolapsus uteri, by a simple bearing down effort, in the recumbent as well as in the erect posture, can force the uterus to become external, irrespective of the state of fulness of the bladder. In fact, the chief difference between the mechanism of *prolapsus* and *retroversio uteri* is, that in the former, the entire fascial and other ligamentous supports of the uterus yield; whereas, in the latter, all but the cervical attachments are relaxed. As long as the latter support the cervix, prolapsus is not likely to occur; but the fundus being enlarged and free, and its ligaments relaxed, retroversion is more apt to follow.

In regard to the action of the abdominal muscles in producing retroversion of the uterus, I would observe, that they are capable of doing so, in virtue of their acting as powerful auxiliaries in emptying the pelvic organs of their contents. The diagonal of the forces exerted by these muscles being in the direction of the os sacrum, any body put in motion by them is necessitated to change its course, and to pass through the vagina or rectum in the circle of Carus, on account of the resistance offered by that bone and the peculiar curve which it takes. The fæces in defecation, the os and cervix in prolapsus, the fundus in retroversion, and the fœtus in parturition, have all to submit to this mechanism. It is also well to remember, that manual pressure over the hypogastrium is of the greatest assistance in facilitating all operations on the cervix or os uteri and vagina, in consequence of its well-known power in lowering the uterus in the pelvis. I shall only add, that from observations which I have made on one or two cases of sacro-posterior breech presentation coming under my care, I am much inclined to believe that I have seen a powerful bearing down effort on the part of the patient perfectly successful in expelling a full-sized fœtal head in well formed pelves, when, at the same time, I have had good reason to believe that uterine action had ceased. I make this remark, because there can be no doubt that the fœtal head in such cases is expelled by the same mechanism which produces a retroversion in this, the last class of cases under discussion. The occiput, like the cervix in retroversion, is the centre of motion, and rests behind the symphysis, whilst the action of the abdominal muscles (combined or not with uterine pains) forces the mento-occipital circumference of the head to describe a large portion of the arc of a circle, similar, though more extensive, to the fundus uteri during its retroversion.

[*To be continued.*]

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

CASES OF EPILEPSY.

Under the care of J. RUSSELL, M.D.

[*Clinical Clerks*—Messrs. MAY, SAVAGE, and HARVEY.]

IN some late numbers of the JOURNAL, I presented a brief report upon a series of epileptic cases which had fallen under my care. Perhaps it may not be uninteresting if I continue the subject, by noticing some other of the many points of interest connected with this disease, which a hospital experience suggests.

I may preface my remarks by a reference to the further history of the family of epileptics noticed in the JOURNAL of December 3rd. The disease has made progress in all these unhappy children; and the youngest but one, aged 9, has been attacked with true epileptic fits—six occurring, in rapid succession, on the first occasion. The patients have now passed from my observation.

Nothing is more remarkable in the history of epilepsy than the variety of forms which the fits assume—a variety so great, as to defy any attempt to refer them to any fixed standard. Even the typical fit presents many variations, but attacks of minor severity appear to be of even more frequent occurrence. These "small fits", as the patients term them, often coexist in the same subject with others of a graver character. Sometimes, on the other hand, they characterise the early periods of the disease, giving place subsequently to the true epileptic fit; or the reverse order may obtain. Less frequently these modified attacks constitute the sole disease. They appear to possess a tendency to occur with much greater frequency than the more serious fit, five or six or even more, happening during the same day; it must, however, be added, that the cases are not few in which the epileptic fit in its worst form returns many times, in the course of a few hours, without endangering the patient's life. The minor attacks appear to be allied to the state of syncope, a considerable proportion are characterised by insensibility, which, though enduring but for a minute, is complete whilst it lasts; and it is a remarkable circumstance,

in many cases, that although the actual fit appears to be so transient, it may be followed for some hours by a very evident change in the sensorial functions.

Case I. Lucy Monk, aged 12, has been subject to fits for twelve months. At first, the fit occurred generally in church; it was "like a kind of faint"; she dropped her book, turned her head to one side, and rolled her eyes upwards; she was very pallid, but came round in a moment, without losing consciousness. During the last winter, the attacks have become more severe; she falls, and becomes quite insensible; when the fit is "bad", she froths a little at the mouth. She used to start up after the attacks, and run away; now she sleeps afterwards. Of late she has suffered three or four fits in the course of twenty-four hours, and has often one in the morning, either before leaving her bed or whilst dressing.

Case II. John Floyd, aged 13, had a fit about a year ago. He was noticed to be falling; he changed colour, felt faint, and in a few minutes fell asleep. He has since been subject to return of the fits, sometimes twice or thrice in the day; even four times in the night. As they come on, his hands are drawn up, and are numb. The attack is described as a kind of faint; he lies quite still, his face is pale, and he quite loses consciousness, with the exception that lately he has talked in the fit coherently, but without any recollection of what has happened on returning to himself. The fits last from two to ten minutes; as they pass off, he complains of palpitation, and then sleeps for two hours.

Case III. Edm. Salisbury, aged 14, has been subject to true epileptic fits since his fifth year. The fit generally occurs every fortnight in bed, and is followed next day by severe headache, and by a succession of four or five smaller fits; he feels as if some one were pulling him behind, cries out, and, being unable to speak, throws anything he may have in his hand, to call attention to his state; he feels giddy and stiff, and desires to sit down. The attack passes off in five or ten minutes. During the week which followed his application at the Hospital, he had from twenty to twenty-seven fits, and more of the large than of the small ones; two or three large ones had occurred in a night; and on several occasions, he had thirty or forty in the space of a single week.

Case IV. Wm. Wainwright, aged 10, was taken with a slight fit two years ago whilst at play: "his eyes rolled up", he stood and pointed upwards, called "mother", and became insensible; he recovered entirely in a few minutes. These fits have been gradually more frequent in recurring; he has sometimes three or four in the day; he always falls without warning, and loses consciousness instantaneously, recovers in a minute or two, and goes about the house without knowing what he is about, but speedily is perfectly himself again. During the last six months, the more severe epileptic fit has also appeared; it attacked him three times on the first day, and has returned three or four times in a fortnight.

Case V. Thos. Hawkins, aged 24, a groom, during the last twelve months has been subject to fits, characterised by brief but complete suspension of consciousness. He drops whatever he has in his hand, and knows what has happened by finding the article on the ground; on his way to the Hospital he dropped his bundle; the other day he lost his breakfast can in the same manner. In the fits he looks vacant, staggers, and has some starting of his limbs. He comes to himself in a minute or two, is a little confused, and then picks up what has fallen from his hands, and proceeds with what he is doing. The fit is preceded by a sensation of something passing up the left side of his chest, and drawing his neck down. Sometimes he has merely a sleepy feeling, "gets a bit giddy", and recovers forthwith.

Case VI. Anne Allen, aged 18, a servant, has fits, which have the general character of an epileptic attack, excepting that she cries and screams in them. She however often hurts herself in falling, as they occur without warning. During her residence in the house, attacks of a minor character were observed; she became only partially insensible, and clung to some support to save herself from falling. In the more severe attacks, she fell helpless and rigid; but she rolled about and fought with her hands; and the presence of the nurse certainly influenced the severity of the attack. A succession of these fits left her with some disorder of intelligence; she became foolish and troublesome, annoying the other patients, and lost her sleep; she gradually recovered in the course of a few days, but, after two slight fits, became perfectly maniacal and outrageous, and attempted suicide. She continued in this state for two days, and then slowly regained her natural state of mind. We were informed that a similar attack of mania had presented itself on a former occasion after a succession of fits.

The case just detailed would probably be placed in the class of hysterical epilepsy; and it may be interesting to add a short description of two other cases, in which the nature of the attacks and the constitution of the patient would occasion them to be referred to the category of hysteria.

Case VII. Sophia Sweetman, aged 12, a ragged neglected girl, was suddenly frightened about nine months ago. She fell down instantly in a "fit"; she was quite still, and "seemed dead"; she was pale and cold, and her teeth were set. She remained in this condition for six hours. On the next day but one, she had several "very quiet fits", she fell down, and "lay as if asleep". The fits have continued ever since; sometimes she has had as many as twelve in one day, and has hardly passed a day without one or two. She sometimes fights, as if she were deranged; or she is quite still; sometimes she talks, and she sees angels. She came to the Hospital with hysterical trismus, which was speedily removed by threats of strenuous measures, but again returned. She has always been a very nervous girl, passionate and timid, and afraid to go about in the dark; and has often started and cried out in her sleep.

Case VIII. Clara Allsop, aged 58, a needlewoman, has been the subject of prolonged anxiety and distress, and has all the symptoms of advanced nervous debility. For two or three years she has been subject to fits, sometimes at the rate of ten or twelve in a day. In a fit witnessed by ourselves, she appeared to become unconscious, her head was drawn to one side, she was motionless for a few seconds; she then opened her eyes in surprise, looked round, appeared not to know where she was, and spoke as if continuing some previous train of thought. She had a bottle in her hand, which she did not drop. She was aware that she had had a fit; and sometimes she hears what is said, but at other times she does not. She says that she sees heaven and hell in her attacks. They presented somewhat of a cataleptic character. She has also suffered from true hysteric fits.

The latter two cases, compared with those which precede them, illustrate the difficulty which exists in the attempt to establish any very distinct line of demarcation between the epileptic and the hysteric group. Although the general features in each case are obvious enough, yet a sufficient number of exceptional cases present themselves, to render it almost impossible to fix upon any distinctive marks which shall apply to all.

Among the signs which intimate that the two groups are distinct from one another, none is more evident than the effect produced upon the cerebral functions by a prolonged continuance of the disease. Some degree of infirmity of mental power, or some evident change in the nervous constitution of the patient, is almost always a result of the epileptic disease, even in the case of the minor fits; a consequence only observed after those of a hysteric character, when other causes, besides the fits, are in operation.

Loss of consciousness is probably one of the most constant attendants of the epileptic fit; but its occurrence is not invariable; not only may this symptom not be present in some of the minor forms of the disease, but it is occasionally absent even in the severe forms; in one of two cases, to be hereafter detailed (XVII), it was not complete, though the attack was of the most formidable description; in the other (XVI), consciousness was stated to have been preserved through two fits, each of five hours duration. When unconsciousness does happen, it is characterised at once by its completeness, and by the marvellous instantaneousness of its occurrence; this instant and total extinction of consciousness is most striking in the slighter fits, because it is so brief and so frequently repeated. Thus a student has mentioned to me the case of a lady who is subject to frequent repetitions of such slight fits in the course of a single day, in consequence of a fright; for a moment consciousness is suspended, the sentence she may be uttering is interrupted, but is speedily resumed; an interval of perfect vacancy, of the briefest description, has however intervened. The emotional element is not unfrequently prominent in cases of an epileptic character, especially in those which are the result of fright, or of the prolonged operation of the depressing passions.

But perhaps of all the symptoms, the state of voluntary power is the one which affords the best test. In a fit of an epileptic character, though of the mildest quality, utter extinguishment of voluntary power, effected in a single moment, is one of the most striking phenomena, and appears to exist even when consciousness is retained; in hysteria, voluntary power

is merely in abeyance, and is always capable of being roused into action. Yet even this distinction is not without some exceptions in the case of epilepsy.

I would further remark upon the cases of epilepsy which I have detailed, that whilst they confirm the theory which places the origin of the disease in the cerebrum, they forbid the supposition that the loss of consciousness is a secondary result, as of congestion induced by the fit. In most of the foregoing cases, respiration was unaffected, and insensibility was the first and chief phenomenon; the attacks, indeed, presented a far closer analogy with the state of syncope than with that of apoplectic coma.

Dr. Todd notices the occasional occurrence of hemiplegia after the epileptic fit. Symptoms of paralysis have presented themselves in two cases under my own observation.

CASE IX. Fred. Dudley, aged 15, had convulsions during dentition, and was visited with slight return of the attacks until his fourth year. At that time he suffered from hemiplegia of the right side, and it was several weeks before he regained muscular power in the affected limbs. He has been subject to true epileptic fits ever since that time; and, after each fit, loses for a time the use of his right side. His mother believes he had a fright when he was young.

CASE X. Thomas Perry, aged 32, a brass-founder, during the last year has suffered from fits of a quarter of an hour's duration, consisting of sudden loss of speech, and of the power of moving his right arm; the arm is paralysed, for the time, below the shoulder; of late, the power of the leg has been also affected in the attacks. As the fit subsides, his articulation remains difficult for some time. He finds his right hand not so nimble in delicate work as it used to be, and he thinks his memory is somewhat impaired. There is no further sign of the presence of cerebral disease than the above mentioned phenomena, probably the result of the fits, afford. He has notice of the approach of some of the fits, and he can then sometimes avert them, by rubbing his arm and walking about.

A peculiar phenomenon, not unfrequent in epileptic cases, holds a very prominent place among the complaints of one of my patients; sudden involuntary contraction of particular muscles, sometimes confined to one limb, sometimes affecting more or less the entire body. These "jerks" are so violent in many instances as to occasion the patient to fall, and they may entirely incapacitate him for following his employment.

CASE XI. Elizabeth Lunt, aged 22, has suffered from epileptic fits for the last seven years. For three or four years she has been subject to these jerking attacks; they are peculiar to the morning. She experiences a sense of tremor, and feels flurried; then jerking movements affect her limbs and her whole body, which she aptly compares to startings in sleep. She feels twitching of the muscles of the face, and quivering of the flesh about the eyes. If she is talking, especially if she is speaking rapidly, her speech fails, and she hesitates and stammers. The spasmodic movements loosen her grasp, so that she lets fall whatever she may have in her hand; one day she could not carry up her dinner, and became hysterical from distress; and when they are "strong" upon her, her feet start into the air, and she is thrown violently down; she always falls backwards. Through the day she experiences slight twitchings, only perceptible to herself. Ordinarily, these "shakes" pass off in an hour or two; but if they continue, she knows that she is to expect a fit in three or four hours. They are always increased by mental excitement, and are worse at her menstrual periods.

This remarkable phenomenon cannot be separated from the atonic spasm which accompanies the epileptic fit, and indicates the continued operation of the epileptic influence to a modified extent. It has been remarkably prominent in the members of the epileptic family, and it has existed for some time in one of the two children who have yet been spared.

[*To be continued.*]

ILLEGAL PRACTICE. Three prosecutions have taken place at Belfast, at the instance of Surgeon Brown, Secretary to the Ulster Medical Protective Association, against certain persons for having "wilfully and falsely pretended to be practitioners in medicine". In the first case, judgment was postponed for a month, on the defendant producing the diploma of the Dublin Apothecaries' Hall, and promising to register; and, in the two others, the prosecution was withdrawn.

Transactions of Branches.

SOUTH-MIDLAND BRANCH.

PRESIDENT'S ADDRESS.

By T. HERBERT BARKER, M.D.

[*Delivered June 15th*, 1860.]

GENTLEMEN,—There is no more difficult matter falling to the lot of a President at his first sitting, than the task of selecting a subject on which to address his audience. This difficulty is especially felt in medical communities such as ours; for so largely have these multiplied, so regular is the occurrence of the reunions, so in common is the object of each meeting, and so anxious—naturally anxious—is each occupant of the presidential chair to do his duty with something of novelty and credit, that year by year the whole field of our medical literature is gleaned and gleaned again.

I have felt this difficulty greatly on the present occasion—never more; and, after wandering after many subjects, and finding none *à propos* that had not been already in the hands of a preceding and more eminent labourer, I have resolved at last to turn homeward, and, in such observations as I have to make, to deal first with our Association, with its objects and prospects, what it is, and what it ought to be; and secondly, with the progress of medicine in our own times.

The basis of our *Association* is, in my opinion, now correctly laid. The theory of its constitution is as advanced, as expansive, as suited for progress as any that the most determined liberal can require. In so far as I can judge, too, the practice does not belie the theory. It would be difficult, it seems to me, to hold together for a common purpose two or three thousand medical men by any charter less broad than ours. The details of our government are, moreover, free from complication. We have a central executive, elected by a representative council, such representative council being formed on the vote of every member of the whole body who chooses to exert his privilege; a series of independent bodies, or Branches, distributed throughout the whole of the country, self-regulated and self-ordinated; an annual assembly for discussing all the great topics bearing on medicine, in her political as well as scientific relations; and a weekly periodical, cementing together the whole of our affairs, giving them shape and substance, and transmitting to posterity our proceedings day by day, and week by week, with the precision requisite for making them records of one of the most interesting periods of medical and scientific history. These are the bases on which our Association is built—our four estates; our executive—our representation—our constituency—and our press: the principles of self-government, liberty, and progress—all are complete.

Notwithstanding these advantages, and the truth of the theory on which we are now politically established, it is often urged against us, that we do not progress in such way as is consistent with our pretensions; that our numbers do not increase proportionately to our expenses; and that, as a body of scientific men scattered over an immense area of observation, we do less for science in our united capacity than any body of men in medicine. Our enemies point out these deficiencies in triumph. It is our business to discuss them, unmoved by the fears of criticism and of suggested difficulties; and, granting they appear as facts, to see how the deficiencies they declare may be most easily and speedily filled up.

Now, taking a fair view of this very important question; listening to all objection that seems sound; and bearing at the same time in recollection the objects and interests of the Association itself, I am free to admit that, as a body, we do not make the same collective effort as many other bodies, much more limited in their sphere of action, and much less supported by numbers and position than we are. The reason for this has received various assignations. We were told, in the first instance, that we should never do any real good until we published *Transactions*. We thereupon published *Transactions—Transactions* second to none. They fell still-born from the press! they were neither extensively read, nor applied, nor quoted. This still-born discovery made, the suggestion was put out that a Journal was the saving clause of the Association. A Journal was started, and fortnightly conveyed to the world the working spirit of our Union. The Journal was almost again a failure;

and the suggestion was next offered that we should have a weekly Journal published in London. We obeyed; and the weekly Journal has served us these seven years past. It exists yet, but not at ease; the spirit of suggestion, still on the wing and harassing our camp, hints that all our prospects are being ruined by the Journal—

"Our forces vanquished, and our kingdom lost";

that contemporary literature outrivals us, and printing beggars our resources. "Go", say the new suggestors, "back to your still-born *Transactions;* in them seek a retreat which may be respectable, cheap, and quiet." Respectable, I say too, but not cheap; and quiet—yes, as the grave itself!

These are the phases of public life through which we have passed. Never since the day when the curious old gentleman and his immortal son traversed the famous bridge—I believe it was the Bedford bridge—first one riding and the other walking, then both riding together, and then carrying their beast of burthen, to meet at last their sad catastrophe—never since then has such an exhibition of suggestion and change been offered until our Association took its commencement and career.

In commenting upon these transmutations, in reviewing them step by step, I cannot at the time see that any degree of blame is attachable to the Association, either individually or collectively. Every movement has had its intention; and I believe, up to this time, that every movement has been progressive. It is not, I think, in the nature of things that a great Association—a wide-spread Association such as ours—should compete in the first steps of the race with concentrated societies. These, unseparated by distance, and having frequent meetings for the amalgamation of thought and adjustment of difficulties, can summon their whole forces on one point and overcome immediate obstacles at once, and can pass from point to point and make a line of march which in rapidity we can never expect to follow. It is not just, therefore, to compare us with small active local societies; it is not just to compare us with these, either in a political or scientific sense. It is with mental organisation as with matter. That which is most massive is slowest in its progress, until active forces proportionably great are brought into existence and movement.

Are there, then, any means by which such increased force can be obtained? I have said enough regarding the estates of our Association to indicate at once that in my estimate they require no political alteration, at least at this time; but that which they require absolutely is a large degree of expansion in the constituency, and in the press; more members to write, and more writers to write well—these are the desiderated points.

Now, taking these facts into consideration, and studying them in their mutual relationships, I think the evidence entirely preponderating on that side of the argument which suggests that the increase of the constituency can be secured in no way so surely as by a steady progress in the present method of publishing our proceedings and researches. To suppose that there can be an increase of members with a less efficient literature; to propose to go back to our old and woe-begone *Transactions*, is to commit associational suicide; but to continue with a ready reporter—a Journal—always in our hands, improving this as much as possible, giving it political ascendancy by making it the representative of our united wishes, and scientific ascendancy by making it the focus of our united observation, is to ensure present progress, and, as we pass along, to leave behind us indications of a well trodden and well arranged way. We shall prove that we have lived, remembering our profession for a future as for the present; not leaving behind us pyramids of Pharaoh, nor ruined palaces of Etruria, but remnants always living and speaking of a race having for its guiding hope the motto—

"Our faith is large in time,
And that which fits it for some perfect end."

Against the system of a weekly Journal of our proceedings, it has been raised as an argument that the expense entailed devours up all the income. As we are at present situated, the statement is, in a measure, true: but it must be remembered at the same time that, in respect to this matter, our position is so far advanced that we are standing with the exact means in our hands for payment; that we have conquered the difficulty of raising those means; and that, if we are as yet unable to reap the fruits—I had better say the interest—of the labour, we have only to tarry, to wait for it, and it will come. It is with us, in short, as with a commercial house; we have our beginnings, our periods when expenses are equivalent to income, and our periods of income over expenditure.

The body of the Association increased by the matter of one thousand members, not only were every difficulty at an end, but the means were at command for enlarging the usefulness and force of the Association in every direction—in its political aspect, as well as in its social and literary aspects.

To increase the number of members, two courses seem to me open. The first of these consists in the endeavour to infuse a greater spirit of activity amongst the Branches. In my opinion, neither are the scientific meetings of our Branches sufficiently numerous, nor are the scientific proceedings of the Branches made sufficiently known. There cannot be a doubt but that in the country the great field of medical observation, wide-spread throughout the land, would speedily be turned to advantage by the numerous and talented staff of observers employed in it, if these had only the stimulus applied to them of frequent discussion and mutual assistance from friends on subjects of interest and leading importance. That, in fact, which gives to our metropolitan brethren their constant and progressive spirit of inquiry, is the circumstance that, for anything valuable they may wish to communicate, they possess for three-fourths of the year an open platform and a critical audience. In the provinces, through our Association and its Branches, we too possess the platforms and the audiences, but we are irregular in work. I should propose, as the remedy for this, an uniform and perfect system of administration throughout the Branches, ensuring for them bi-monthly meetings for scientific purposes exclusively; at which there should be one distinct paper, together with casual communications on subjects and cases of minor import. Nor should the results of our efforts be, I think, confined solely to our own records. While the Journal ought to claim the exclusive privilege of giving reports of our political and general proceedings, and while it should receive for its pages every scientific paper in full length, *abstracts* of every paper and every debate should be published in the other medical weekly journals. By this means, without injury to our own publication, the fact of the existence of the Association would be always kept before the public eye, with the natural and certain advantage of bringing a steady supply of recruits into our ranks.

The second means to which I would refer as tending to increase in number our lists, consists in offering to members of the Association annual *Association prizes*, either for the best series of papers published in the Journal during the year, or for a separate essay to be announced for competition at one annual meeting, to be awarded at the next annual meeting, and to be afterwards published in the Journal, or for both these objects. It may, I know, be again urged against this scheme, that a new expense would be set up. I would meet this argument by saying that the expense in such a matter would be very small, as compared with the advantages to be derived from it. It must be borne in mind, that authors competing for prizes think little of the money-value of a prize. The Fothergillian gold medal is worth but £20; yet such men as Jenner, Mason Good, Falconer, and a host of others, have thought it worthy their emulation, and have considered its possession as the most honourable of the distinctions they have reaped. Our Association were indeed in an indifferent phase of its affairs, if it could not at once offer a medal of the same value as the Fothergillian, or two medals of the same value as the Fothergillian; whilst in time, as the experiment succeeded, there might be added to such honours something more substantial. Nor would there be any harm done by adding a fluctuating premium in money to the medal each year, according to the resources. I leave, however, this question to the consideration of my hearers. It would be a subject well adapted to the coming meeting at Torquay, and might be put in the form of a distinct resolution:—"To propose that the Association do promote two medals of honour to be awarded annually; one for the best essay written in special competition, such essay to be afterwards published in the Journal; and another for that series of papers published in the Journal for the twelve months preceding the meeting, which shall contain the most original and laborious investigations."

In so far as I am able to judge, the two methods of progress here pointed out, are those only by which, at the present juncture, the influence of our body can be extended, and be made to bear on the profession at large.

From this notice of the learned section of the English medical world to which we have the honour to belong, I would pass now to a brief review of certain of those great professional topics which are at the present moment of absorbing interest to the whole of the profession in this country.

I cannot congratulate my brethren on any great acquisition of status or privilege by the working of the *New Medical Act*. The twenty or thirty thousand pounds which our medical body has paid, is a dear bargain, I fear, for a book of registered

practitioners—a book which in accuracy does not surpass by any material advantage the old *Medical Directory*, and which cannot be published from time to time with any chance of paying its own expenses. It is true that the legal register is presumed to supply the means for the conducting of prosecutions of men who are unqualified; but so many cases have been already tried, in which the Bench has taken a reading of the Act different from that held by the qualified medical body, that in all prosecutions the attempt at conviction is a kind of speculation which, often, had better not be hazarded. If it be urged that the lawyer is protected by a legal register, it may be answered that the lawyer holds a position in regard to such protection which the medical man cannot attain. In legal concerns, every act is reduced to a definite proposition; and all the future application of the act rests for its security as an act on obedience to a set of primary principles, the leading one of which is, that the deed shall be performed by a person having a certain qualification. A man, therefore, who pretends to do that which he cannot do in law, is at once assailable, from the very circumstance that the deed which he has done is presumed to be permanent. Out of his own mouth he is judged and condemned.

In medicine this position is not possible; for judgment here is given, not on a permanent record of an offence, but on something which has passed, which can often only be proved by verbal and indirect evidence, and which, indefinite essentially in not a few instances, is destroyed by legal argument in a manner at once as convincing to the presiding judge as it is vexatious to the too hopeful and well intentioned prosecutor.

I do not, for myself, see, indeed, that any thoroughly stringent and working law can ever be introduced against charlatans. To divest them of assumed titles is no way of striking at the root of their baneful practices; in some senses it is to make their practices less glaring and less presumptive; while to divest them of the power to practise *sub rosâ*, is out of the pale of possible law. Further, we are not prepared, as yet, to estimate what is the effect on the public mind of a public prosecution carried out by professional men themselves. One successful prosecution, if it does good, is counterbalanced by the evil influence of another conducted without success, and with the effect of establishing legal precedents against the profession and for the quack. There are, too, many thoughtful and earnest men in our ranks who, with that just abhorrence of the charlatan peculiar to their natures, do yet put out of view the matter of prosecution of pretenders, as an act indicating rather the weakness than the strength of medical science. "Remember," says one of these, in addressing a body of junior men some few years ago, "that the quack lives on your weaknesses; that in astronomy there are no quacks; that amongst mathematicians there are no quacks; that even in simple mechanics, among the artizans who will one day form the lower strata of your patients, there are no quacks; and why? not because the men of these occupations, great or little, are protected by a penal enactment, but because they work to a demonstration, and are paid or penaltied according to their competency."

In thus giving vent to what I conceive to be the true protection of medicine, I know I am not courting the present popular feeling; but I believe it to be the principle which time will prove to be correct; and, whether right or wrong, sure I am that the new Act gives us no safety. If, in a final word on this matter—if a penal clause against the traffickers in human misery is to be introduced into a medical act, that same act must place the process of prosecution out of the hands of the medical fraternity, and into those of a public prosecutor, who shall be paid by the state and be the servant of the state. *Our* energies, and more than we have, are demanded to grapple with disease and death.

If the new Medical Act has given us no protection of a substantial kind against robbers in our domain, still less has it saved us from those internal despotisms which crush us down and hold us dumb against the doings of the bodies which we have built up by our money and our unrecognised membership. To the corporate institutions it has given a power which they before did not possess, or possessing did not dare to use. When we see the funds of one college enriched by the sale of licenses without examination, and the funds of another college enriched by the sale of pseudo-licenses, or, as it has been correctly said, "by the sale of indulgences", what have we to say to the "Act" save that

> "It is a tale
> Full of sound and fury,
> Signifying nothing."

The great question of *Medical Poor-Law Administration* is one deserving our serious thoughts. While it has agitated the mind of the profession for many years past, and in the present session has given rise to a parliamentary bill, it has taken no decisive step in advance. The Poor-Law Bill is withdrawn; and the topic remains for open discussion. The subject is one which legitimately belongs to the members of the Reform Committee of our Association; and to them I would respectfully submit it. A Poor-Law medical officer for many years myself, I confess I do not see a fair solution, as yet, of the difficulty of adjusting the scale of remuneration. I suspect also that it is from the circumstance of others feeling largely my own dilemma that the subject stands so long in abeyance. If a united principle could be arrived at, no force whatever could prevent the realisation of the united wish. Until then, we may depend on it that no effective measure will be attempted by the Government. The simplest measure would be to adjust the full pay of every union surgeon by two measurements—the acreage of his district, and the number of resident poor who may be able to command his services. I shall be able, at a future day, to lay before the profession a calculation based on these data. The labours in this direction of our colleague Mr. Griffin, demand our highest appreciation. The indomitable zeal of that gentleman, well supported by his brethren, and subjected to a few minor modications, will ultimately command success.

There is only one more question of a medico-political nature which I would allude to on this occason; I refer to *Medicine in our Courts of Law*. Infinitely better for us, I think, than any other medical reform acts, would be a simple and statesmanlike measure shutting our profession out of courts of law altogether, and thus removing it from the insult of counsel, the petulance of judges, and the opprobrium of the public. All these evils might be removed at once by the institution of a competent medico-legal tribunal; before which, in that solemn earnestness which medico-legal evidence demands, the truth might be brought out, and from which a fair and plain report might emanate, for the guidance of the judge, the subtlety of the advocate, and the satisfaction of the juryman. I hold it to be the duty of our Association, and our associated profession, to leave no labour undone until this great and philanthropic reform be the law of the land.

I must tax your patience a few minutes longer to dwell on the more interesting points relative to the *Progress of Medical Science*, and especially of such progress in our own country. And first, I cannot but regret to record what appears to me a positive mischance; namely, that the great advances in *sanitary science* made under the excitement of the last cholera outbreak are showing evident signs of decline. Our literature on this subject flags; our societies specially devoted to the subject flag; the almost universal interest once shared by the medical and general public flags. With the exception of the establishment of a chair of hygiene in the new military medical school, not an event of moment has transpired these two years to indicate a living and an active spirit of inquiry as to the prevention of disease. It is strange to see a general enthusiasm thus checked; nor is it easy to define the causes of such a check. Can it be that the advance made from 1848 to 1858 in a knowledge of preventive laws, by doing some good, and checking the formidable spread of epidemics, has lessened the terror incident to these terrific occurrences, and so, lessening the terror, has unarmed the watchman? It may be so; for we saw that after the memorable year of 1832 there was a grand excitement, and then a sudden and prolonged calm.

I fear this is the true reading of the present apathy; and, if so, it is an interpretation which, though forced upon us, is not to our credit nor to our philosophy. These great epidemics, which coming and going, and leaving a dreadful track of ravage behind them, are calculated truly to alarm the vulgar mind, and stir it up to vigilance and action, on us should exert no more astonishment than that the appearance of a comet should affrighten an astronomer. We have our calendars of disease—our tablets of life and death; we know under what conditions men will average certain degrees of life; we know much of the progress of spreading diseases; and our knowledge teaches us—clearly, plainly—that great outbursts of epidemic disease welling up in one particular locality scarcely influence by a life the general condition of the globe. It teaches us that while these startling events are in a state of slumber they are not dead, and that even in slumber other diseases,

> "Still as the breeze, but dreadful as the storm,"

are progressing, destroying their annual millions of lives in the

first years of existence: not by necessity, but by the permittence of that apathy which cradles ignorance when danger, ever present in fact, is not sublimely visible in its manifestation.

I raise my voice to shake this apathetic feeling. It is not to a few amateurs in sanitary science, however good may be their intentions, that the highest, the noblest aim of medicine, and her most sacred trust, "the prevention of disease", is to be left. It must enter again into our thoughts, and be more fully represented in the daily course of our pursuits; for sanitary laws are taught not so much by writing as by acting. One broadsheet would comprise all the laws as a standing record; but the fulfilment of these must be an example, set not at particular times, but at all times and in all communities. I need not wait to show in what direction sanitary laws await development. The architecture of our villages—there is a theme for the men who are constantly treating disease in the cottages of the labouring population. The water-supply of towns and cities—the removal and disposal of animal and vegetable substances which have served their turn—here are subjects of vast interest to every nation. I must pass them by with this brief notice; and would leave all here, but for a coming public event which admits of being turned to great account in the annals of the preventive art.

In another year, the *census* of England will have been taken; the Queen will have numbered her people. I stop not to discuss whether all the proposed queries to be asked are required; but I am bound to remark, that the medical profession throughout the kingdom should enforce that the census of disease in England be taken with the numbering of the inhabitants. The Branch is aware that, at the last census made in Ireland, a commission was formed for taking the census of disease there. The results of that commission, under the able and laborious direction of Mr. Wilde of Dublin, were published in 1856, and convey an amount of information never before obtained. The method on which this census was based might be applied in the next census with advantage; but there are a few amendments capable of introduction. I will point out two or three, as they occur most prominently to my own mind.

In the first place, granting that the census of disease be taken, a comprehensive scheme is opened for discovering any connexion which may exist between meteorological changes and external diseases. To make this scheme of avail, it would be necessary to institute a preliminary series of observations on the meteorology of England at numerous stations, and for at least one month *before* the day of taking the census. The same system of observation should extend for one month afterwards. By this means, the antecedent influence of meteorological changes on diseases already in progress might be exposed, as well as the present influences, or those acting at the moment of the record of the disease; and the after changes in their relations to the deaths of the community from the day of the census to the termination of the period of observation.

Secondly, to make the return valid, I should suggest that it be based entirely on medical data; that is to say, that in every case a medical man, duly qualified, shall name the disease. It would be inadvisable to limit the medical staff of observation for this task. The people should be allowed their choice of a medical opinion for the moment; but no return should be made that was not guaranted by a qualified registration.

Lastly, I would indicate that the inquiry should be limited, in relation to diseases observed. It should deal principally with diseases of the acute type, and with those which fall inevitably to the lot of man without shame or disgrace. To attempt too much—to endeavour to classify such diseases as struma and insanity, to say nothing of syphilis and its upshot—would be to make foolish and false the whole of a document which, to be of the least use, must be, as far as human knowledge can make it, reliable in every statement.

Whilst there is reason to deplore a decreasing professional interest in preventive medicine, there is a satisfaction in seeing that the progress of *physiological and curative medicine* continues to flourish with unabated vigour. If progress in these departments continues as it is now seen, the sneer so long cast upon our science, as to its being an imperfect and indefinite science, will pass away ere yet the modern student sees himself an old man. The advances of physiology in late days, and the approaches towards the meaning of life and living action, are to my mind truly marvellous. The microscopy of the body has been almost wholly explored in both the healthy and the diseased states. The mechanical forces of the organism are reduced to their elementary laws. The nature of the nutritive process is nearly within reach; and the various methods by which certain partially destroyed tissues are renovated have been traced out and described with an industry which is only equalled by the subtlety of the pursuit. The inquiries of Ollier on the growth and development of bone, by which he has proved that periosteal membrane can secrete the bone wheresoever introduced, between muscles or under skin; and the indications drawn from these researches, as to the deposit of bone from fibrous tissues in general, throw a light on the process of ossification in health and in disease, where before all has been dark and confusing. The introduction of a physico-physiological method of examining the structure of the eyeball by the ophthalmoscope has opened to us in visual display the structural changes of the prime organ of the senses. The perfection to which auscultation has been brought, and the almost vision which has been cast by it into the dark cavities of the body; the satisfactory and final exposition of the cause of the sounds of the heart; the plan of annihilating pain in operative proceedings; and the various improvements of a mechanical nature in surgery, acupressure last of all, but by no means least,—these and a hundred other progressive movements indicate that our science, as an abstract science, dealing with disease as it is, is not surpassed by any other in its endeavours to succeed, and is neared by none in the practical usefulness which it is ever affording to the world—to poor and rich, peasant and prince alike.

I reserve to the end mention of the latest, and, as it seems to me, the last great advance in medicine—an advance which will mark an era in the medical history, as now enacting. I mean the process of the study of disease by the synthetical method. I call special attention to this; because its objects may not as yet be clearly understood, and because it opens a a field of scientific inquiry into which all may pass and labour with credit, with usefulness, and with the honour of discovery always in promise.

The synthetical method, as its name implies, endeavours to isolate and place in the hands of the experimentalist the means of producing specific and well defined diseases in the inferior animals. This achieved in any one case, it proposes to trace out step by step all the changes which occur in the course of an uninterrupted induced malady. It goes further: it endeavours to place the living and healthy animal under such external conditions that the proximate cause of the symptoms of a disease may be produced; and these ends attained, it turns to the process of cure, and tries, by modifying the conditions which have given rise to the symptoms, to restore the animal to that state of natural existence from which it diverged when the first indications of disease were elicited. In a sentence, the synthetical method proposes the demonstrative unravelling of morbid phenomena, the subjection of these to classified laws, and the suggestion of a rational and definite therapeutical science. While as yet the philosophical process thus imperfectly described is in its infancy, it has given us, beyond the mere outline of a theory, proofs of what it is capable of effecting. By synthesis, diabetes and epilepsy have been brought within the range of direct experiment; endocarditis has been brought within the same range; and to-day we shall hear, from the first systematic exponent and designator of the synthetical proceeding, that cataract is to be added to the list of inducible diseases, and of direct study from such induction.

I have said that I mark this system of medical inquiry as indicating a new era in medicine, and I do not wish to retract this observation. At the same time, I cannot suppress the idea—it may be a false idea—that the synthetical method must not be put forward to supplant the old and time-honoured plan of clinical observation and experience. I suspect, in truth, that in most cases synthesis must follow on such clinical and analytical observation, and must be based upon it; for, as a disease occurring without experiment is the antecedent fact, the imitation must be based on some one or other of the observed phenomena and parts connected with the antecedent, of which, indeed, the synthesis is a real or an attempted identity. I throw out these suggestions, not in the spirit of cavil, but from the desire to put an all important method of scientific research in its true and unassailable position.

Gentlemen, to bring to a close this address is for me to claim relief from a grateful but embarrassing task. Laying no claim to eloquence, yet standing in a place whence the most eloquent of addresses have been spoken, I have trusted myself on your kindness, not on my own sense of an adequate performance of the duty of the orator. In discharging the further honourable functions which you have deputed to me, I rest on your kindness still. It is my earnest desire to witness, in and throughout our fifth session, a unity of purpose, a mutual and

unbroken friendship, and but one rival sentiment—who shall do most and best for the advancement of a profession which, divested of its temporary internal misconceptions, stands forth in its massive innate worth, realising further and deeper than any other, *faith* in its present, *hope* for its future, and *charity* towards all mankind.

SOUTH-EASTERN BRANCH.

PRESIDENT'S ADDRESS.

By FREDERICK FRY, Esq., F.R.C.S., Maidstone.

[*Delivered June* 13, 1860.]

GENTLEMEN,—In the name of my colleagues and myself I beg to offer you all a cordial welcome to the good old town of Maidstone, and to express the great gratification which we experience in seeing the members of the South Eastern Branch of the British Medical Association come at last to this borough, because I believe that this is the first time its meeting has been held here, and I hope that the reception you receive this day will induce you at no very distant period to honour us with another visit.

For the honour you have conferred upon me in electing me your president, allow me to return you my most sincere thanks. I can assure you I esteem it to be a very great honour; but I am not vain enough for one moment to suppose that this distinction has been conferred in consequence of any merit of my own. I am perfectly aware that I have been placed in the chair simply because I have been a resident medical practitioner in this town for a period of thirty years; because I have been for twenty-three years a member of this Association; and because I have for twenty-two years been surgeon (and for the last twelve years senior surgeon) to the West Kent Infirmary. But though I do not take to myself any merit, I hope you will allow me to lay the flattering unction to my soul, that the distinction you have conferred upon me is a token that during those thirty years I have carried on my profession in an honest and upright manner, and with the feeling and spirit of a gentleman.

No lengthened comments are required from me to show the great importance of this Association, or the advantages resulting from these annual meetings. In the few remarks, therefore, which I feel it my duty to make I shall merely draw attention to some of the facts both medical and political which have occurred during the last year or two. By the report, which will presently be read to you by our worthy secretary, you will perceive that this Branch of the Association, and more especially the members of this district, have not been idle. Two years ago district meetings were first established, connecting the large towns of Maidstone, Rochester, Gravesend, and Dartford; in each of which we have met once a year. I am quite certain that those meetings have conferred great benefits on the members of the medical profession resident in those towns: they have brought together men who, although living only a few miles apart, were mostly known to each other only by name, and they have originated and cemented friendships which will terminate only with life. Several interesting papers were read, and a quiet dinner—to which all medical men, I believe, are partial—has terminated the proceedings. Those meetings have also resulted in the accession of upwards of thirty new members; and if that were the only advantage attending them, I think they would be highly desirable, because it is to this point we should especially direct our attention. If this Association numbered some five or six thousand members, instead of two or three thousand, what could we not effect? and I hope that before long our example will be followed by other branches. In my opinion no medical man can enrol himself as a member of this Association without benefiting his common profession—no man can benefit his common profession without benefiting himself—and no man can benefit himself and his common profession without benefiting the community at large. They are all links in one chain; and I hope, therefore, that if there be any gentleman in the body of this hall who does not at present belong to this Association, he will at once come forward and enrol himself; and if there any who, though members, are yet lukewarm in the cause, I will take the liberty of asking them to put their shoulders to the wheel and help us on.

I would now just briefly touch on the subject of the payment of our brethren connected with the poor-law unions. This is a question which has been very often mooted; and I think you will all agree with me that the remuneration is totally inadequate for the services performed. And not only is that so, but the way in which those services are received by the poor themselves, is a matter for regret. I can speak from experience on this point; for, although not now connected with any union, I was for seven or eight years the medical officer to one; and I am sorry to say that the result is to induce the belief that, with a few exceptions, the poor do not appreciate the services they receive from their medical attendant. We must remember, however, their poverty, their wretchedness, their misery, and when to these are added the pangs of sickness, we can but make large allowances for them. The poor, it is true, cannot pay us, but we must always remember that God can. I believe it to be the boast and highest privilege of every Christian medical man never to forget that God pays for the poor, and I hope and trust, and believe that that noble sentiment will never be found wanting amongst us.

I beg to thank you for the kindness you have shown in listening to the few remarks I have thought it my duty to make; and we will now, if you please, proceed to business. Our worthy secretary will read the report, and we will then proceed to view the places of interest in the town and neighbourhood. My friend, Mr. Joy, who holds the important post of surgeon to the county prisons (one which I sincerely hope he will long live to enjoy), will be most happy to take any gentleman over the County Gaol; and on the way, I should recommend you to look at our Museum. It has only been established three or four years, but it contains some very good specimens relating to geology and archæology, besides a gallery of paintings. There is, however, one sad deficiency. Five or six years ago a gentleman resident in Maidstone (Dr. Plomley) possessed a fine collection of birds, but somehow or other, though the reason has never yet been clearly explained, they found their way one fine morning down to Dover. It has been said that the cause of their flight was that there was no museum here to receive them; but now that Maidstone has a museum, I am sure if we only appeal to our kind and generous friend, Mr. Sankey, he will at once make the birds fly back again. There are other objects of interest—our fine old Church, the Palace, the Priory, the Lunatic Asylum, and the hoary ruins of Allington—for visiting all of which accommodation has been prepared.

YORKSHIRE BRANCH.

CASE OF EXTERNAL SPONTANEOUS HÆMORRHAGE.

By WM. JACKSON, F.R.C.S., Sheffield.

[*Read June 7th*, 1860.]

CORNELIUS WARING was a man of 40 years of age, of remarkably robust frame; in weight about seventeen stones; in habit plethoric, and addicted to free living. His general appearance was that of a stout, strong, and healthy man.

On the 24th of June 1849, I was requested to visit Waring, under circumstances of great urgency, our respective residences being within a two minutes' walk. I found him sitting in a chair, with his left leg over a wash-hand basin, in which was contained a large quantity of blood, partially coagulated. His wife was just in the act of applying a compress and bandage. He appeared pallid, was quite sensible, and his pulse was rather feeble, about 90. He had not been using more than his usual exertion—having just finished his breakfast, and removed from his bed-room to an adjoining one on the same floor.

I asked his wife why she had not sooner attempted to restrain the bleeding—the time during the continuance of which was probably not more than five minutes. His reply was, that he wished it to continue, as it would do him good, for he was in too full a habit. On carefully examining both legs, there appeared neither œdema, ulceration, nor eruption; the surface was perfectly healthy, and quite free from any varicose state of the superficial veins. The rupture occurred in the anterior saphena, near the internal malleolus; and the aperture from which the blood had flowed was scarcely perceptible. Waring assured me he had never had any swelling of his legs, or sustained any injury.

I was very much surprised to find how slightly the system of my patient suffered from this enormous loss of blood; and, although he lived four or five years afterwards, he could not fairly be said to have died from its effects, but rather from disease of the liver. The weight of blood as ascertained was five pounds and three-quarters, besides what had escaped before the basin was used; so that six pounds would be within the mark.

Remarks. A varicose state of the superficial veins of the leg in women in the latter state of pregnancy, is frequently observed, especially amongst the lower classes, and is sometimes attended by dangerous hæmorrhage from ulceration, and consequent rupture. I have had occasion to witness several narrow escapes from death in such cases. In others, timely assistance has insured safety. The public should be aware that attention be paid to two points in such cases of hæmorrhage; viz., pressure upon the bleeding point, and the recumbent position; the aid of a child, rightly directed, is sufficient to save life.

A poor woman, having occasion to go to market late at night, was seized with hæmorrhage from one leg in the midst of a crowd of people. She fell exhausted, and died in a few minutes. She was about eight months advanced in pregnancy.

Women in the lower ranks of life, in the pregnant state, having a varicose state of the veins of the lower extremities, should be warned against the consequences of using exertion, or much standing, and to have the legs bandaged, or use elastic stockings.

Fatal cases are mentioned by authors of rupture of varicose veins, ascribed generally to a defective state of the valves of the vessel; and, as in the case of the saphena, the gravitation of the blood might lead to serious or fatal hæmorrhage.

The features which mark the case of Waring from any recorded by authors, are the facts, as far as could be ascertained, that no disease appeared to exist in or near the vessel from which the blood was discharged; and that no dilatation or varix had ever been noticed. It would therefore appear that the rupture of the vessel could only be accounted for by excessive fulness.

Reviews and Notices.

On Obscure Diseases of the Brain and Disorders of the Mind: their incipient Symptoms, Pathology, Diagnosis, Treatment, and Prophylaxis. By Forbes Winslow, M.D., D.C.L.Oxon. Pp. 721. London: Churchill. 1860.

The traveller by railway for fifty miles in any direction from London cannot fail, in the course of the journey, to notice, within a short distance of the line, most probably on rising ground, a building of palatial outline, and evidently of modern structure, the purpose of which he would, if uninitiated, be puzzled to guess. Want of richness of the surrounding district is usually too marked to allow of the supposition of its being the exclusive residence of some one great personage; something about it declares that it is not a factory, certainly neither union-house nor jail. He would perhaps be surprised to learn that the governor of this grand castle was a medical man; that its whole construction and economy were modified according to the suggestions of medical men; that it was a special hospital—in fact, the county lunatic asylum. The springing into existence of these splendid mansions is perhaps the most remarkable feature, in a medical point of view, of the present century. It is the outward and visible sign of the greatest and most unchallengeable revolution in medical opinion that has ever taken place. Hope and comfort have appeared where formerly all was sad and horrible. These buildings are, so to speak, the triumphal arches marking the victory of medical science over the instinctive brutality of ignorance. "Stripes and blows", according to Cullen, for ordinary lunatics, and "for furious madmen", according to the author of an *Essay on Human Liberty*, private extinction,—were the methods of treatment acquiesced in by the civilisation of the last century.

Dr. Winslow's work is the natural sequence of the revolution initiated by Pinel. Many have laboured, following that great man's example. Dr. Winslow advances in a parallel path; he stands forward to point out the first signs of dangers which, from their nature, are apt to lie treacherously concealed. The incipient symptoms of cerebral and mental disorder are often, nay, nearly always, either unobserved or disregarded until, too late, the fact of their existence is forced upon the attention of the patient's friends. Dr. Winslow says:

"The importance of detecting the earliest symptoms of approaching or existing disease of the brain cannot, in a practical point of view, be over-estimated or exaggerated. Considering the peculiar and special functions of this organ, and the close sympathy established between the sensorium and other organic tissues; appreciating how slight, minute, and infinitesimal a degree of structural change in the nerve-vesicle paralyses both body and mind,—we can have no difficulty in estimating the value which should attach to the detection, at the earliest possible period, of the faintest scintillation of any actual disease existing in the delicate nervous organisation.

"How cautiously, zealously, and closely, should the physician watch for the incipient dawnings of cerebral mischief! Who can guarantee the integrity of the intelligence, normal condition of the sensibility, and healthy action of the motor power, if the delicate vesicular structure is the seat of morbid action? Is it not possible to predicate with certainty the result of neglected inflammation of the periphery of the brain? We should never lose sight of the fact that no irritation or inflammatory action can exist for any length of time in the more important tissues or ganglia of the brain, without seriously perilling the reason and endangering life!

"How forcibly do these observations apply to the detection of the incipient symptoms of all types and degrees of mental disorder! It is a well established fact, that *seventy*, if not *eighty*, per cent. of cases of insanity admit of easy and speedy cure, if treated in the early stage, provided there be no strong constitutional predisposition to cerebral and mental affections, or existing cranial malformation; and even when an hereditary taint exists, derangement of mind generally yields to the steady and persevering administration of therapeutic agents, combined with judicious moral measures, provided the first scintillations of the malady are fully recognised, and, without loss of time, grappled with by remedial treatment.

"A vast and frightful amount of chronic and incurable insanity exists at this moment within the precincts of our county and private asylums, which can be clearly traced to the criminal neglect of the disease in the first or incipient stage. It is at this period when so much may be effected in preventing those destructive alterations in the structure and membranes of the brain so often witnessed, after death, in those who die of chronic mental alienation." (Pp. 17-18.)

This affords the key-note for future endeavours. The humane treatment of the insane is now happily assured. One can look back upon the horrors of former years with the thankfulness that is felt when a precipice has been safely passed. The mountain yet, however, remains to be topped. The early recognition and the *prevention* of mental disease must be earnestly undertaken; but long and persevering efforts will be demanded to accomplish even a little in this direction. Deeply rooted prejudices have to be dispelled. In illustration of the nature of the obstacles to be overcome, we will quote Dr. Winslow's own words.

"I do not venture to reconcile with known and admitted facts the singular inconsistencies pervading the public mind on the subject of insanity. A man commits suicide. At the coroner's inquest, it is established that, previously to the catastrophe, the self-murderer was observed to have been odd in his manner and depressed in spirits. These symptoms are sufficient to satisfy the jury as to his irresponsible state of mind, and a verdict of 'temporary insanity' is without hesitation, in many instances, properly returned. It is notorious that, in in these cases, juries eagerly avail themselves of the slightest evidence of mental derangement, and appear pleased to find that they have a fair and reasonable excuse for a verdict of lunacy. The same jury, however, impanelled to try a similar issue before another tribunal, the question raised not being the insanity of the self-murderer, but the soundness of mind and capacity of a person to manage himself and his property, will perseveringly refuse to recognise the existence of insanity and incapacity, even if established by the clearest and most conclusive medical and general testimony. The faintest and *minimum* amount of proof, in the former case, immediately determines the verdict of the jury; the *maximum* degree of evidence, adduced before a different court, is generally required, and often set aside, as totally unworthy of regard. The jury, in the one case, is most anxious (influenced, no doubt, by right and charitable motives) to protect the memory of the *suicide* from the imputation of *sanity;* and in the second instance (totally ignorant of the extent of desolation and misery that are, alas!

so often entailed upon families by an obstinate determination not to recognise the existence of insanity), they stretch a point to shield the subject of inquiry from what is unphilosophically termed the *stigma* of mental derangement. If the evidence in the former case, so demonstratively conclusive to the mind of the coroner's jury of the presence of insanity, were adduced to establish unsoundness of mind at a commission '*De Lunatico Inquirendo*', it would bring severe censure and reproach upon those who attempted to obtain a verdict upon such inadequate testimony." (Pp. 217-18.)

Dr. Winslow will prove, we venture to predict, to have done good service to the cause by the publication of his work. It will do much towards rendering the subject of insanity tolerated by the public. It is from the ignorance and prejudice of the public that the great impediment to advancement arises, even at the present time; and until the educated classes, as a body, will consent to dispassionately consider the important bearings of the whole question, the psychological physician must ever work at a disadvantage.

We will in an early number notice the physiological and pathological section of Dr. Winslow's book.

Progress of Medical Science:
AT HOME AND ABROAD.

MATERIA MEDICA, PHARMACY, AND THERAPEUTICS.

THE DIETETIC AND MEDICINAL PROPERTIES OF COCA.

THE Erythroxylon Coca, a plant which grows in moist and woody regions on the eastern slopes of the Andes, is highly valued by the inhabitants of Peru, Chili, and Bolivia, not only as a medicine, but also as an article of food; and serves with them as a substitute for the tea, coffee, betel, tobacco, haschisch, and opium used by other nations. Its culture, upon which, since the time of Pizarro's conquest, much care has been bestowed, has recently increased to such a dregree, that in the year 1856 the revenue of the Republic of Bolivia, from the sale of this herb, amounted to thirteen million of francs—a very large sum, if compared with the small number of consumers (800,000). According to the account of M. Pöppig and of other well-known travellers, the natives use the dried leaves of the coca-plant either by themselves or in combination with a highly-alkaline substance called *llipta*, which is prepared from roasted potatoes and the ashes of different other plants; they masticate them like the Malays and the inhabitants of the Indian Archipelago do the calcined leaves of the clavica betle. The use of this masticatory, which is considered a great delicacy, is not, however, confined to the rich; on the contrary, it is particularly among the hard-working Indians that the coca enjoys a high reputation as a nutriment and restorative, and its use is considered absolutely essential for the endurance of fatigue and exertion, so that a labourer in making his contract has a view not only to wages, but to the amount of coca to be furnished. The Inca, who lives at a height of seven to fifteen thousand feet above the level of the sea, and whose meagre fare consists principally of maize, some dried meat, and potatoes of bad quality, believes that he can sustain his strength solely by the use of coca; the porter who carries the mail, and accompanies the traveller over the roughest roads at the quick pace of the mule, invigorates and strengthens himself by chewing coca; the Indian who works half naked in the silver and quicksilver mines, looks upon this plant as an ambrosia capable of imparting new life, and of stimulating to new exertions. It is not surprising, under such circumstances, that this article should be very much abused, and that the evil of intemperance in the use of coca, known as coquear, should be quite as prevailing among the natives of those districts as intemperance in the use of tobacco, alcoholic liquors, and opium is among other nations. They often intoxicate themselves for several weeks, hide in the deepest forests in order not to be disturbed in their enjoyment, and not rarely return home to their family suffering from delirium or decided idiocy:

The child and the feeble old man seize with equal eagerness the leaves of the wonderful herb, and find in it indemnification for all suffering and misery. Be it that the praised efficacy of the plant is merely the effect of fancy or tradition, or that the plant really contains a powerful principle unknown to science, the solution of this mystery is certainly a worthy theme for scientific inquiry, and the investigations of Dr. MANTEGAZZA deserve, therefore, our full attention.

Dr. Mantegazza observed that the chewing of a drachm of the leaves of the coca increased salivation, giving at first a somewhat bitter, and afterwards an aromatic taste in the mouth, and a feeling of comfort in the stomach, as after a frugal meal eaten with good appetite. After a second and third dose, a slight burning sensation in the mouth and pharynx, and an increase of thirst, were noticed; digestion seemed to be more rapidly performed, and the fæces lost their stercoraceous smell, the peculiar odour of the juice of the coca becoming perceptible in them. On using the coca for several days, the author observed on himself as well as on other individuals a circumscribed erythema, an eruption around the eyelids resembling pityriasis; from time to time a not unpleasant pricking and itching of the skin was felt. An infusion of the leaves, taken internally, was found to increase the frequency of the pulse in a considerable degree. In making observations on the frequency of the pulse, the author was very careful to consider all the conditions which might influence it; he found that the temperature of the air being the same, and the liquids being heated to an equal degree, an infusion of coca will increase the action of the heart four times its normal standard, while cocoa, tea, coffee, and warm water only double it. By taking an infusion prepared from three drachms of the leaves a feverish condition was produced, with increased heat of the skin, palpitation of the heart, seeing of flashes, headache, and vertigo; the pulse rose from seventy to one hundred and thirty-four. A peculiar roaring noise in the ear, a desire to run about at large, and an apparent enlargement of the intellectual horizon indicated that the specific influence upon the brain had commenced. A peculiar, hardly describable feeling of increased strength, agility, and impulse to exertion follows; it is the first symptom of the intoxication, which is, however, quite different from the exaltation produced by alcoholics. While the latter manifests itself by increased but irregular action of the muscles, the individual intoxicated by coca feels but a gradually augmented vigour, and a desire to spend this newly-acquired strength in active labour. After some time the intellectual sphere participates in this general exaltation, while the sensibility seems to be hardly influenced; the effect is thus quite different from that produced by coffee, and resembles in some degree that of opium. Dr. Mantegazza could, in this excited condition, write with ease and regularity. After he had taken four drachms he was seized with the peculiar feeling of being isolated from the external world, and with an irresistible inclination to gymnastic exercise, so that he who in his normal condition carefully avoided the latter, jumped with ease upon the writing-table without breaking the lamp or other objects upon it. After this a state of torpidity came on, accompanied by a feeling of intense comfort—consciousness being all the time perfectly clear—and by an instinctive wish not to move a limb during the whole day, not even a finger. During this sensation sleeps sets in, attended by odd and rapidly changing dreams; it may last a whole day without leaving a feeling of debility or indisposition of any kind. The author increased the dose to eighteen drachms in one day; his pulse rose in consequence of it to one hundred and thirty-four, and in the moment when delirium was most intense, he described his feelings to several of his colleagues, who observed him, in the following written words:—"*Iddio è ingiusto perche ho fatto l' uomo incapace di poter vivere sempre cocheando*" (this is the expression for intoxication by coca). "*Io preferisco una vita di* 10 *anni con coca che un di* 1,000,000 *secoli senza coca.*" After three hours of sleep Dr. Mantegazza recovered completely from this intoxication, and could immediately follow his daily occupation without the least indisposition—on the contrary, even with unusual facility. He had abstained for forty hours from food of any kind, and the meals then taken were very well digested. From this fact, the author finds it explainable that the Indians employed as carriers of the mail are able to do without food for three to four days, provided they are sufficiently supplied with coca.

From these experiments made repeatedly on himself, and on other individuals, Dr. Mantegazza draws the following conclusions:—

1. The leaves of the coca, chewed or taken in a weak infusion, have a stimulating effect upon the nerves of the stomach, and thereby facilitate digestion very much. 2. In a large dose coca increases the animal heat and augments the frequency of

the pulse, and consequently of respiration: 3. In a medium dose, three to four drachms, it excites the nervous system in such a manner that the movements of the muscles are made with greater ease—then it produces a calming effect. 4. Used in a large dose it causes delirium, hallucinations, and finally congestion of the brain.

The most prominent property of coca, which is hardly to be found in any other remedy, consists in the exalting effect it produces, calling out the power of the organism without leaving afterwards any sign of debility. The coca is in this respect one of the most powerful nervines and analeptics. These experiments, as well as the circumstance that the natives have used the coca, from the earliest period, as a remedy in dyspepsia, flatulency, and colic, have induced Dr. Mantegazza, and several of his colleagues in South America and Europe, to employ the leaves of the coca in a variety of cases, partly as masticatory, partly in powder, as infusion, as alcoholico-aqueous extract in the dose of ten to fifteen grains in pills, and as clyster. Dr. Mantegazza has used coca with most excellent results in dyspepsia, gastralgia, and entralgia; he employed it not less frequently in cases of great debility following typhus fever, scurvy, anæmic conditions, etc., and in hysteria and hypochondriasis, even if the latter had increased to weariness of life. The coca might also be employed with great benefit in mental diseases where some physicians prescribe opium. Of its sedative effect in spinal irritation, idiopathic convulsions, nervous erethism, the author has fully convinced himself. He proposes its use in the highest dose in cases of hydrophobia and tetanus. It is a popular opinion that the coca is a reliable aphrodisiac; the author has, however, observed only two cases in which a decided influence upon the sexual system was perceived.

Dr. Mantegazza, finally, recommends this remarkable plant, which could be easily introduced into trade, to the profession for further physiological and therapeutical experiments, and adds the full history of eighteen cases by which the medicinal virtues of the remedy are proved to satisfaction. (*Œsterreichische Zeitschrift für Praktische Heikunde*, Nov. 1859; and *Pharmaceutical Journal, June* 1860.)

STEARATE OF IRON.

DR. CALVI states, in the *Union Médicale* for May 5th, that M. Ricord has successfully employed a plaister of stearate of iron as a dressing for phagedænic ulcers of the thighs in a syphilitic patient, which had resisted all previous treatment. A comparative trial was made with this preparation and coal-tar; and the former was found to be by far the most efficacious.

Stearate of iron is made in the following way:—Take of sulphate of iron, one part; soap, two parts. Dissolve the sulphate of iron and the soap in water separately. On adding the solutions to each other, a greenish white precipitate is obtained; this is dried, and melted at a temperature of from 175° to 190°; essence of lavender (40 per cent.) is then added, and the whole is stirred until it cools. A plaister can be formed by gently melting it and spreading it on linen.

IODIDE OF AMMONIUM.

M. GAMBERINI of Bologna has, from an experience of fourteen cases, arrived at the following conclusions regarding the use of iodide of ammonium in constitutional syphilis.

Iodide of ammonium is indicated in all cases where the iodides of potassium and sodium are employed, and produces a rapid cure. In syphilitic cases, the following results were obtained: five were cured in a fortnight, three in three weeks, five in a month, and one in five weeks. In the last case, the medicine was not well tolerated, and had to be given in small doses.

The dose is from two to sixteen grains daily; the last named quantity is but rarely required. Intolerance is an exceptional occurrence. Externally, iodide of ammonium has been usefully employed in frictions (three grains to an ounce of olive oil), in cases of nocturnal syphilitic pains of the muscles or joints.

Intolerance of the medicine is denoted by a burning sensation in the throat and heat in the stomach; these rapidly cease when the medicine is suspended for a day or two.

M. Gamberini states that he has removed, by means of iodide of ammonium, the indurations following the cicatrisation of chancre, and the enlargements of inguinal glands. The other syphilitic affections in which he has employed it successfully are, astralgia, rheumatic pains, periostoses, and enlargement of the cervical glands.

M. Gamberini states that iodide of ammonium possesses the following advantages over the analogous salt of sodium:—1. Its action in attaining the same therapeutic object is more rapid; 2. A much smaller dose is required. (*Bulletino delle Scienze Mediche;* and *Gazette Hebdomadaire*, June 1st, 1860.)

The conclusions at which M. Gamberini has arrived with respect to the iodide of ammonium agree very closely with those stated by Dr. Richardson in a communication to the Medical Society of London, reported in the JOURNAL for the present year.

British Medical Journal.

SATURDAY, JUNE 30TH, 1860.

THE MEDICAL COUNCIL.

AFTER a recess of ten months, the Medical Council have again met for the despatch of business. Since their last meeting, time has been allowed to watch the working of the Medical Reform Act, and its many weak places have been made but too evident. In the pages of the medical journals, its shortcomings have been clearly pointed out, and the many emendations have been fully discussed.

Our Council now appear upon the scene, and we are naturally anxious to see how far they are inclined to listen to the voice of the profession. As yet, the proceedings of that body have been desultory enough. They began with expunging the name of Richard Organ from the *Register*, on which it had been placed by fraudulent representations. We rejoice at this, inasmuch as it will show pretenders that there is a power which can and will bring them to justice, however long they might have staved off the evil day. We most heartily wish that the Council would not rest satisfied with thus purifying the *Register*, but would follow the fraudulent persons thus purged from our ranks still closer home. Not very long since, two persons were indicted for a conspiracy to obtain a qualification as physician from the Dublin College. They pleaded guilty—and were allowed to go scatheless. These two worthies are now practising in London, and their brass plates shine more resplendently than ever. Why this should be, we know not.

The next business disposed of will interest, because it will affect, in all probability, a great number of medical men holding official appointments. Hitherto the College of Surgeons and the Apothecaries' Hall have monopolised the qualifications required from candidates canvassing for appointments in many English institutions. Since the passing of the Medical Reform Bill, this has naturally been considered a hardship by the medical graduates, many of whom have received a high class medical as well as surgical education, that they should be shut out from such appointments merely because they have not had the opportunity or desire of becoming the members of a trading company. We are not surprised, therefore, to find that, notwithstanding the opposition of Mr. Nussey, the champion of Water Lane, the Council carried the following motion:—

"That the Medical Council, having had their attention called to a practice prevailing in some of the English medical institutions, of requiring the London Apothecaries' license, as an essential qualification or paramount recommendation for appointment to professional offices, resolve to record their opinion

that this practice is neither consistent with the letter and spirit of the Medical Act, nor expedient for the interests of the profession."

This is the first direct blow dealt by the Council against this trading company. Unfortunately, however, that body has not the power of dictating to English medical institutions the qualifications they shall accept or reject; we do not, therefore, hope to find that this very proper protest against exclusive dealing, as regards medical titles, will take effect, as long as the Apothecaries' Company is in existence. Medical institutions have been led by long habit to consider the College and the Hall as inseparable Siamese twins; and it will require the demise of one of the twins to break the charm. There cannot be a doubt that the Council have by this protest paved the way for a removal of a disqualification which presses very unjustly upon a section of the profession.

In following the proceedings of the Council from day to day, we cannot help remarking that there appears to be a great tendency to costiveness in giving the profession full intelligence of what transpires at their discussions. For instance, it was proposed, in the second day's proceedings, that a communication from the Poor-law Board, in reference to the qualifications for Poor-law medical appointments, should be inserted in the minutes, but for some mysterious reason this motion was negatived. Now this communication may or may not have been of importance to the profession, but surely there is no need of all this secresy in the matter. The Council most certainly will not gain in the estimation of the profession by this tendency to constitute themselves a secret body; and we do trust they will condescend to take their constituents a little more liberally into their confidence.

The proceedings of the third day's sitting were marked by the discussion, or rather the adroit avoidance, of a matter which has very deeply excited the indignation of the whole profession. We allude to the conduct of the Council of the College of Surgeons in admitting to the licence unqualified practitioners. Mr. Green, the champion of that body, simply begged the question when he stated that no one had received the diploma of the College of Surgeons of England without having been examined and found qualified in anatomy, physiology, surgery, etc.; and he clearly lets us know that he does, when he further goes on to remark, that "the practice of examining candidates who had not gone through a full curriculum of study ceased on the 1st of March, and would not be resumed." From these exculpatory words, we can at least congratulate the profession upon the power its indignant voice has to penetrate even into the sanctum of that close vestry the Council of the College, and to force them to abandon a pet scheme, conceived in contempt of the rights of their members. After Sir B. Brodie's defence of the proceedings of the College, we are not surprised to find that the Medical Council have determined to avoid a very delicate subject by resolving "not to move in the matter." Whether or not the retirement of Sir B. Brodie from the post of President has anything to do with his celebrated letter—a letter which has been read by the whole profession with sorrow and regret—we know not; but the coincidence is singular.

The Report of the Special Registration Committee will be read with deep attention, inasmuch as it touches upon the rights of certain graduates of Homœopathic Colleges in America to be put on the *Register*. We are not able this week to give the account of the proceedings on this subject, on account of the delay which takes place in forwarding the reports of the proceedings of the Council to the Medical Press; but we perceive that it has been determined—

"That the opinion of the Attorney-General be taken on the claims of Henry Thomas to register his degree obtained from the Homœopathic College of Pennsylvania; and of Samuel Eadon, James Coombs, and John Marchant Davison to register their degrees obtained from the Homœopathic College of Cleveland, Ohio; and that it be delegated to the Executive Committee, after receiving the opinion of the Attorney-General, to take such steps as may seem to them expedient."

Upon the issue of the Attorney-General's decision, the value or the utter worthlessness of the Medical Act, in our opinion, depends. If these homœopathic graduates of American Colleges of Health, without character or curriculum, other than that of dispensing erroneous doctrines, make good their claims to be placed upon the *Register*, we must be prepared to be overrun with medicinal filibusters; and the only good we shall have obtained by our Act, will be that of having legalised the grossest imposture, and of having turned loose upon society the sweepings of transatlantic cities—persons who, having failed in every walk of life, demand the liberty of tampering with the health of Her Majesty's lieges, and of appearing side by side in the official list with philosophers who have spent their lives in the study and advancement of their profession. We shall return to this subject next week.

THE WEEK.

THE President and Council of the Epidemiological Society, in a memorial presented to the President of the Board of Health in 1855, stated that—

"Out of every thousand deaths from all causes, there are in England and Wales twenty-one deaths from small-pox; and in some parts of Ireland upwards of *fifty;* in Sweden, Bohemia, and some of the Italian states, there are not more than two."

Why the mortality should be so extraordinary in Ireland, may be a perplexing question. Some will think that popular apathy or prejudice is the cause. Perhaps so, to some extent—but not altogether; for Dr. P. W. Long of Dublin has, to our surprise, laid before the profession a most efficient cause of the slow spread of vaccination in Ireland. In a pamphlet lately published by him on the *Dublin Cow-pock Institution*, he shows, from the official Report, that the charge made to practitioners for a supply of vaccine lymph from that institution is half-a-crown for each packet consisting of two points of lymph—and this, notwithstanding that the institution is in the annual receipt of a government grant of £400. The matter is one of the greatest importance to this country; for, as the Epidemiological Society have represented, "it is well known that small-pox is largely imported into this country and kept up by immigrants from Ireland". Dr. Long is desirous of calling the attention of the Epidemiological Society to the charges made by the Dublin Institution. We hope that the matter will be taken up, and that the unnecessary impediment which is thus pointed out as existing to the free course of vaccination in Ireland will be removed. Dr. Long deserves the thanks both of the profession and the public for drawing attention to the subject.

THE MEDICAL COUNCIL.

MINUTES OF MEETING.

Tuesday, June 19th, 1860.

Royal College of Physicians, London.

SIR BENJAMIN C. BRODIE, Bart., *President*, took the Chair at Two o'clock P.M.

Present:—Dr. BURROWS, Mr. Green, Mr. Nussey, Dr. Acland, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Mr. Watt, Mr. Syme, Dr. A. Thomson, Dr. A. Smith, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Sir James Clark, Sir Charles Hastings, Mr. Lawrence, Mr. Teale, Dr. Christison, and Dr. Stokes; Dr. FRANCIS HAWKINS, *Registrar*.

The minutes of the last meeting were read and confirmed.

The solicitors of the Council being present—

1. Moved by Mr. TEALE, seconded by Dr. ALEXANDER WOOD, and agreed to—

"That it having been proved to the satisfaction of the General Council that the entry of the name of Richard Organ has been fraudulently and incorrectly made on the *Register*, the General Council do by this order, in writing, direct that his name be erased from the *Register*."

2. Moved by Mr. GREEN, seconded by Mr. NUSSEY, and agreed to—

"That Richard Organ having been judged by this General Council, after due inquiry, to have been guilty of infamous conduct in a professional respect, the General Council do hereby adjudge that the name of the said Richard Organ be erased from the *Register*, and do by this order direct the Registrar to erase his name from the *Register* accordingly."

3. Moved by Dr. STORRAR, seconded by Mr. SYME, and agreed to—

"That a copy of these orders, signed by the President in the Chair, and countersigned by the Registrar, be transmitted to Richard Organ."

The adjourned debate on the Dublin Apothecaries' question was resumed.

Dr. ALEXANDER WOOD was allowed to withdraw the amendment which he had moved on the 16th of June, viz.,

"That it does not appear to the Medical Council, that the Act of the Apothecaries' Hall of Dublin confers on the licentiates of that Body any right to practise medicine. That, in the opinion of the Council, the inclusion of the title of licentiates of that body, in Schedule (A) of the Medical Act, does not confer any new powers on that Body. That the Council therefore adhere to the opinion expressed by them on the 8th of August, 1859,"

In order that the amendment moved by Dr. CORRIGAN on the 18th of June might be substituted for it, viz.,

"That the General Medical Council having again carefully considered the subject referred to in the letter from the War Office, of 23rd March, 1860, addressed to the Secretary of the Apothecaries' Hall of Ireland, adhere to the opinion expressed by them in their Resolution of 9th August, 1859, which is as follows: 'That it is the opinion of this Council that the Licence of the Apothecaries' Hall of Ireland is not equivalent to a Degree or Licence in Medicine from a University or College authorised to grant such, as from a perusal of the Apothecaries' Act, 31 Geo. III., there does not appear to be any provision or authority for examining in Medicine: and further, that if a candidate be rejected by the Apothecaries' Hall of Ireland, the Apothecaries' Act, sec. 23, declares that the rejected candidate may appeal to the King and Queen's College of Physicians in Ireland, who are then authorised to reverse such decision, if it seem fit to them, and to grant to such appellant the right to practise the art and mystery of an Apothecary without any examination in Medicine.'"

The amendment, moved by Dr. CORRIGAN, and seconded by Dr. STOKES, was put to the vote, and carried.

Dr. STORRAR required that the names of the majority and minority should be entered on the minutes.

Majority:—Mr. Green, Dr. Acland, Dr. Bond, Dr. Alexander Wood, Dr. Andrew Wood, Mr. Watt, Dr. A. Smith, Dr. Apjohn, Dr. Corrigan, Mr. Lawrence, Mr. Teale, and Dr. Stokes.

Minority:—The President, Dr. Burrows, Mr. Nussey, Dr. Embleton, Dr. Storrar, Mr. Syme, Dr. A. Thomson, Dr. Leet, Sir James Clark, Bart., Sir Charles Hastings, and Dr. Christison.

4. Moved by Dr. ANDREW WOOD, and seconded by Dr. CHRISTISON—

"That the letter from Dr. James Murray Macculloch, and the opinion of counsel on his case, be recorded on the minutes."

Amendment moved by Dr. CORRIGAN, and seconded by Dr. A. SMITH—

"That the letter from Dr. Macculloch be inserted in the minutes."

Amendment carried.

"38, Castle Street, Dumfries, May 29th, 1860.

"SIR,—Although personally a stranger to you, I take the liberty of writing to you upon a matter personal to myself. I have observed from a notice, published in the *Edinburgh Medical Journal* for December 1859, that it has been proposed to call the attention of the Medical Council, of which you are President, to my connection with the case of Mr. Broatch, who was convicted under the Medical Act in September last year.

"I am anxious that my conduct should not be misunderstood; and as I am not aware whether the Council may think it right to take any official cognisance of the matter, I beg to solicit your impartial perusal of the facts, in order that with you, as the head of my profession, I may not stand under undeserved imputation.

"I do not trouble you with any of the personal and acrimonious discussion which has taken place. It may suffice to say, that a great deal of enmity and ill feeling has been exhibited towards me, and I have no doubt I have myself been heated, and in some respects injudicious.

"The facts to which I beg your attention are these. The Medical Act, which fixed the date of its operations for the 1st of January 1859, was not fully understood in the district of the county in which I resided (Dumfries). Indeed, the only advertisement on the subject (which appeared only once in one of the local papers of the district), informing medical practitioners of the necessity for registration, was on the date of December 14th, 1858, so that a very short time was given to comply with the provisions of the Act.

"As one of the conditions of the registration, it was necessary to forward certain attestations of qualification, one of which was the signature of a medical man to a certificate purporting to state that the claimant had exhibited for the inspection of the signer his diploma or qualification.

"Knowing the object of the statute to be to prevent the operation of quacks and charlatans, under the cloak of professional titles, I regarded this as a mere matter of form with respect to medical men on whose qualifications no reasonable doubt rested, and I have reason to know that it was so regarded by the majority of the practitioners in this district.

"Mr. Broatch was one of the medical men in this district who did not hear of or see the advertisement of the 14th December 1858, until nearly the entire interval had expired. He came to me a few days before the 1st of January 1859, to sign his certificate. I asked him for his diploma, as the certificate stated that I had seen it. He told me that he had passed and got his diploma in March 1822, from the Edinburgh Royal College of Surgeons; that in 1826, before leaving Edinburgh (where he first practised), he had brain fever, was long ill and insensible, and that when he recovered he found he had been robbed, his diploma having disappeared with the other things. Shortly afterwards removing to Dunscore, he commenced practice again, and finding no special use for his diploma, he had neglected to apply for a duplicate or a certificate.

"*I fully believed* Mr. Broatch; and indeed, notwithstanding subsequent events, I still believe that he did not deceive me. I had known Mr. Broatch for thirty years, having repeatedly met him in practice, and ever found him truthful, honourable, and skilful. I knew that he was met and respected by all the practitioners of the district of any standing. I knew he was respected and bore a high character in his own locality. I knew he was and had been parochial surgeon to two parishes for many years, an appointment *not held* by unqualified practitioners in *this* part of the country *before* the passing of the Medical Act. I had seen his name year after year in the *London Medical Directory*, a work of general accuracy, as a licentiate of the Edinburgh Royal College of Surgeons, 1822; and I knew, from personal experience, that his story was not improbable. I had myself lost one of my diplomas for a long time, and recovered it by the merest chance, and I had experienced the delay and difficulty arising out of an application for a duplicate or certificate, even when my application was supported by the powerful aid of my late friend Mr. Liston. According to Mr. Broatch's statement, it was simply *impossible*

for him to comply with the *letter* of the requirement of the certificate, and yet it appeared that in a few days he must either be registered or professionally outlawed. I did not see Mr. Broatch's diploma, but I firmly believed in his qualification; and as I regarded the certificate as intended to supply what the Act calls 'Proper evidence that the person claiming registration is entitled to it,' I signed it, professional outlawry being the result in a few days, if I had not. I do not seek to justify myself for so doing. It was incautious, an act of the feelings unsanctioned by the judgment and the dictates of self interest, and I am very willing, and do express my regret. The circumstances you will be able to estimate as strongly as I can.

"I do not wish now to discuss the question of Mr. Broatch's trial. I may only say, that so far from any desire on my part to defeat or assist in defeating the provisions of the Act, I immediately replied to the inquiries of the Registrar of the Scottish (Branch) Council, in perfect frankness, and had also to perform the painful duty of giving my evidence against Mr. Broatch, without which, by the way, he could not have been convicted at all.

"Such are very briefly the facts of the matter referred to in the minute published in the *Edinburgh Journal*.

"Of the publication of that minute, in so far as it refers to me, I say nothing further than to remark that the Medical Act does not contemplate or authorise such a publication. The status and character of a medical man should not be injured wantonly, and it certainly was not intended that *ex parte* accusations should be circulated in the public journals under the shield of a minute of the (Branch) Medical Council, more especially before the said Council, by their own showing, knew whether they were entitled to entertain the subject or not; but, as I said before, I do not wish to trouble you with personal grievances or discussion.

"I have been anxious to state to you the circumstances under which I acted; having committed an error, I have desired to express regret. I feel sure you will pardon my intrusion in such a matter, and beg leave to subscribe myself,

"Your most obedient servant,

"JAMES MURRAY MCCULLOCH.

"To Sir Benjamin C. Brodie, Bart., 14, Savile Row, London, W."

5. The following resolution was unanimously adopted by the Council, on the motion of Mr. GREEN, seconded by Dr. ANDREW WOOD—

"Having just learned that during this day's sitting, Dr. Williams, the representative of the Royal College of Surgeons of Ireland, has died; under the unprecedented and afflicting circumstances, the Council record the unfeigned sorrow which they feel under the irreparable loss of a colleague so estimable and distinguished."

Confirmed—B. C. BRODIE.

Wednesday, June 20th, 1860.

Royal College of Physicians, London.

Sir BENJAMIN C. BRODIE, Bart., President, took the Chair, at Three o'clock, P.M.

Present:—The same as on the preceding day, except Drs. Burrows and Acland.

The minutes of the last meeting were read and confirmed.

1. Moved by Dr. STOKES, and seconded by Sir CHARLES HASTINGS—

"That the following letter be transmitted to the War Office."

General Medical Council, June 20th, 1860.

SIR,—In reference to your letter of the 4th of June, 1860, No. 7609-199, I have the honour to transmit the enclosed resolution of the General Medical Council, passed at their meeting of June 19th, 1860:—

"That the General Medical Council, having again carefully considered the subject referred to in the letter from the War Office of 23rd March, 1860, addressed to the Secretary of the Apothecaries' Hall of Ireland, adhere to the opinion expressed by them in their resolution of 9th August, 1859, which is as follows: 'That it is the opinion of this Council that the licence of the Apothecaries' Hall of Ireland is not equivalent to a degree or licence in Medicine from a University or College authorised to grant such, as from a perusal of the Apothecaries Act, 31 Geo. III, there does not appear to be any provision or authority for examining in medicine; and further, that if a candidate be rejected by the Apothecaries' Hall of Ireland, the Apothecaries' Act, sec. 23, declares that the rejected candidate may appeal to the King and Queen's College of Physicians in Ireland, who are then authorised to reverse such decision, if it seem fit to them, and to grant to such appellant the right to practise the art and mystery of an apothecary without any examination in medicine.'"

I am further directed by the General Medical Council to state that they would have been gratified to put their reply in more definite terms, but there appears to the Council to be considerable doubt as to what are the privileges or legal qualifications of the apothecaries of Ireland, and the Council cannot therefore give any authoritative opinion in reference to the value of their licence as a claim for admission to the competitive examination for the appointment of assistant surgeon in the army.

I am, sir, your obedient servant,

FRANCIS HAWKINS, *Registrar*.

Amendment moved by Dr. STORRAR, and seconded by Sir JAMES CLARK—

"That the letter from Mr. Secretary Herbert of the 4th of June, be again read."

Amendment negatived; original motion carried.

Dr. ANDREW WOOD required that the names of the majority and minority should be entered on the minutes.

Majority—Mr. Green, Dr. Bond, Dr. Alexander Wood, Dr. Andrew Wood, Mr. Watt, Dr. A. Smith, Dr. Apjohn, Dr. Corrigan, Sir Charles Hastings, Mr. Lawrence, Mr. Teale, Dr. Stokes.

Minority—Mr. Nussey, Dr. Embleton, Dr. Storrar, Mr. Syme, Dr. A. Thomson, Dr. Leet, Sir Jas. Clark, Dr. Christison.

2. A petition from Mr. John Broatch, accompanied by testimonials, was read, praying that his name might be re-inserted in the *Medical Register* "as a surgeon in the public service".

Moved by Dr. ANDREW WOOD, seconded by Dr. STORRAR, and agreed to—

"That Mr. John Broatch's petition to have his name restored to the *Medical Register* be not complied with."

3. Moved by Mr. SYME, and seconded by Dr. ALEXANDER WOOD—

"That the Medical Council having had their attention called to a practice prevailing in some of the English Medical Institutions, of requiring the London Apothecaries' licence as an essential qualification, or paramount recommendation, for appointment to professional offices, resolve to record their opinion that this practice is neither consistent with the letter and spirit of the Medical Act, nor expedient for the interests of the public."

Amendment moved by Mr. NUSSEY, and seconded by Dr. LEET—

"The Medical Council having no power to interfere with the practice said to prevail in the English Medical Institutions with respect to the qualifications they may require for their officers, such interference being wholly beyond their province, resolve, that it is not desirable or expedient to entertain the motion of Mr. Syme."

Amendment negatived; original motion carried.

Mr. NUSSEY required that the names of the majority and minority should be entered on the minutes.

Majority—Dr. Alexander Wood, Dr. Andrew Wood, Mr. Watt, Mr. Syme, Dr. A. Smith, Dr. Apjohn, Dr. Corrigan, Sir Charles Hastings, Mr. Teale, Dr. Stokes.

Minority—Mr. Green, Mr. Nussey, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Leet, Mr. Lawrence.

4. Dr. ALEXANDER WOOD read the following draft of a Bill for the further amendment of the Medical Act, promoted by the Colleges of Physicians of London and Edinburgh, and assented to by the King and Queen's College of Physicians in Ireland.

A BILL FOR THE FURTHER AMENDMENT OF THE MEDICAL ACT, 1858.

Whereas by "The Medical Act, 1858", it is provided that it shall be lawful for Her Majesty to grant to the Corporation of the Royal College of Physicians of London a new charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of England"; and to grant to the Corporation of the Royal College of Physicians of Edinburgh a new charter, and thereby to give to the said College of Physicians the name of "The Royal College of Physicians of Scotland"; and to grant to the Corporation of the King and Queen's College of Physicians in Ireland a new charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of Ireland"; but provision is not made by the said Act for reserving to the said Colleges, and the Presidents and Censors, Fellows, Members, Licentiates, and Extra Licentiates thereof respectively, by their said new names, the powers, privileges, liberties and immunities to which they are respectively entitled by their existing names: and doubts have arisen whether, in

case of the acceptance by these Colleges respectively of new charters under such altered names respectively, the said powers, privileges, liberties and immunities would legally attach and be preserved to them; and that it is expedient such doubts should be removed: And whereas by the 47th section of the said Medical Act it is provided, that within twelve months after the granting of such new charter to the Royal College of Physicians of London, any Fellow, Member, or Licentiate of the Royal College of Physicians of Edinburgh, or of the Queen's College of Physicians of Ireland, who may be in practice as a physician in any part of England, and who may be desirous of becoming a member of such College of Physicians of England, shall be at liberty to do so, and be entitled to receive the diploma of the said College, and to be admitted to all the rights and privileges thereunto appertaining, on the payment of a registration fee of £2 to the said College; and it is expedient that the said proviso should be repealed: And whereas by an Act passed in the fourteenth and fifteenth years of the reign of King Henry VIII, intituled "The Privileges and Authorities of Physicians in London", certain letters patent, dated the 23rd day of September, the tenth year of the reign of his said Majesty, whereby certain physicians in London therein named were incorporated by the name of "The President and College or Commonalty of the Faculty of Physic in London", were ratified and confirmed; and by the said Act it was enacted, that the six persons named in the said letters patent, and two more of the said Commonalty, to be chosen by them, should be called Elects, and that the said Elects should yearly choose one of them to be President of the said Commonalty, and that as oft as any of the places of the said Elects should become void, the survivors should choose and admit one or more, as need should require, of the said Faculty to supply the number of eight persons; and that no person should from thenceforth be suffered to practise in physic through England until he be examined by the said President and three of the said Elects, and have from them letters testimonial, except he be a graduate of Oxford or Cambridge: And whereas the main function of the said Elects, viz., that of examining and granting letters testimonial, has been virtually superseded by the said Medical Act, and they have ceased to grant letters testimonial in accordance with the provisions contained in the last recited Act, and it is therefore expedient that the before recited provisions should be repealed: Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

I. The expression in the Medical Act and this Act, "The Corporation of the Royal College of Physicians of London", or "The Royal College of Physicians of London", shall be taken to denote the Corporation of "The President and College or Commonalty of the Faculty of Physic in London."

II. Any new charter which, under the provisions of the Medical Act, shall be granted to the Corporation of the Royal College of Physicians of London, may be granted to them either by and in the name of the Royal College of Physicians of London, or, as provided by that Act, by and in the name of the Royal College of Physicians of England; and any such new charter granted to the Corporation of the Royal College of Physicians of Edinburgh, may be granted to that College either by and in its present name, or, as provided by the Medical Act, by and in the name of the Royal College of Physicians of Scotland; and any such new charter granted to the Corporation of the King and Queen's College of Physicians in Ireland, may be granted to that College either by and in its present name, or, as provided by the Medical Act, by and in the name of the Royal College of Physicians of Ireland.

III. The granting of new charters to the said Corporations respectively, by and in the altered names and styles respectively, as provided in the Medical Act, shall not, in respect of such alteration of name or style merely, alter or affect in any way the rights, powers, authorities, qualifications, liberties, exemptions, immunities, duties and obligations granted, conferred or imposed to or upon, or continued and preserved to the said Corporations respectively, and the respective Presidents, Censors, Fellows, Members and Licentiates thereof by the respective charters and Acts of Parliament relating to the said Corporations respectively, or by the Medical Act, the Act to amend the Medical Act, the Medical Acts Amendment Act, 1860, and this Act respectively; but the said Corporations respectively and the respective Presidents, Censors, Fellows, Members and Licentiates thereof, shall, notwithstanding any such change of name and style, have and retain all such and the same rights, powers, authorities, qualifications, liberties, exemptions and immunities, and be subject to all such and the same duties and obligations, as if such new charters respectively had been granted to them by and in their respective names and styles as then existing.

IV. Each of the said Corporations shall also, notwithstanding any such alteration of name or style, have, hold and enjoy, and continue to have, hold and enjoy, all lands and other real and personal heritable and movable property belonging to such Corporation, either beneficially or in trust, at the date of the granting of such new charter, and may execute and perform any use or trust for the time being vested or reposed in such Corporation.

V. From and after the passing of this Act, the before recited provision of the Medical Act, which entitles any Fellow, Member or Licentiate of the Royal College of Physicians of Edinburgh, or of the King and Queen's College of Physicians in Ireland, to receive the diploma of the College of Physicians of England, and to be admitted to all the rights and privileges thereto appertaining, shall be, and the same is hereby repealed.

VI. So much of the Act of the 14 and 15 Henry VIII, c. 5, as relates to the elects of the said Royal College of Physicians of London, and their powers and functions, shall be, and the same is hereby repealed; but this repeal shall not prejudice or affect the rights and privileges of any persons to whom the said president and elects may have granted letters testimonial, and all trusts which, by any deed, gift, devise, or bequest are vested in, or to be executed or performed by the elects, or some defined number of them, shall vest in and accrue to, and be executed and performed by the censors of the said College for the time being, as if the names of the censors had, in such instruments respectively, been used instead of that of the elects.

VII. The office of President of the "Royal College of Physicians of London" shall be an annual office; and Thomas Mayo, doctor of physic, the now president of the said Corporation, shall remain such president until the day next after Palm Sunday in the year 1861, when he shall go out of office, and the Fellows of the said Corporation shall, at a meeting to be holden by them for that purpose, on the same day, and on the same day in every subsequent year, elect some one of the fellows of the said Corporation in such manner as shall be provided by any bye-law or bye-laws made in that behalf by the said Corporation and for the time being in force, to be president of the said Corporation; but the retiring president shall always be capable of being re-elected, and every president shall remain in office until the actual election of a new president; or in case of the death, resignation or other avoidance of any such president before the expiration of his year of office, the said fellows shall, at a meeting to be holden by them for that purpose, as soon as conveniently may be (of which due notice shall be given) elect one other of the fellows of the said Corporation, in such manner as aforesaid, to be president for the remainder of the year in which such death, resignation, or other avoidance shall happen, and until such election the duties of president shall be performed by the senior censor for the time being.

Moved by Dr. Alexander Wood, seconded by Dr. Storrar, and agreed to—

"That the Council approve of the Draft Bill now read."

5. A communication from the Poor-Law Board, in reference to the qualifications for Poor-Law medical appointments, was read.

Moved by Dr. Andrew Wood, and seconded by Mr. Lawrence—

"That the communication from the Poor-Law Board be inserted in the minutes."

Amendment moved by Dr. Corrigan, and seconded by Dr. Embleton—

"That the Registrar be directed to thank the Secretary of the Poor-Law Board for their communication and circular."

Amendment carried.

6. Letters from a medical practitioner in Jamaica, and from the Colonial Office were read.

Kingston, Jamaica, 25th January, 1860.

Sir,—As a fellow of the Royal College of Surgeons of Edinburgh, duly registered under the British Medical Act, and practising the profession in this city, I take the liberty to address you, as the member of the General Council of Medical Education and Registration, representing the college to which I have the honour to belong. I do so in reference to a medical registration Bill, a copy of which is enclosed, lately passed by the Legislature of this island.

It would appear that this Bill interferes materially with the

rights and privileges of myself and of other practitioners of the island, who are registered under the imperial statute; and I must solicit your assistance in the General Council, to suggest such alterations in the construction of the Act as will render it harmless to all practitioners of the colony who are registered under the imperial law.

You are aware that, according to the 31st Section of the British Act, every person registered under it is entitled to practise the profession in any part of Her Majesty's dominions, and to demand and recover in any court of law, reasonable charges for services performed; but by the 13th Section of the Jamaica Act, as you will perceive, no person can recover any charge in any court of law in the colony, unless he is registered under the provisions of the local statute. This, I submit, is an interference with the imperial Act, and nullifies the rights and privileges which are supposed to be conferred by it. The objectionable nature of the Jamaica Act is further shown in the 20th Section, which would prevent the medical officers of the army and navy serving in the colony from giving testimony in any of the local courts of law,—would, in fact, ignore their qualifications as medical practitioners, and subject them to penalties, unless they chose to register under the Island Act.

This Bill, although passed by the Colonial Legislature, has not yet received the assent of Her Majesty, and I beg that you will give the subject of it your attention, in order that the General Council may make a representation to Her Majesty's advisers, and effect such alterations in the Bill as will prevent its clashing with the imperial statute, and hinder it from becoming vexatious and troublesome to those medical men who may come within the sphere of its operation.

I have the honour to be your obedient servant,

ALEXANDER FIDDES.

Dr. Andrew Wood, President of the Royal College of Surgeons, Edinburgh, etc., etc., etc.

Sections of the Jamaica Bill above referred to.

XIII. After the first day of January, one thousand eight hundred and sixty, no person shall be entitled to recover any charge in any court of law for any medical or surgical advice, attendance, or appliances, or for the performance of any operation, or for any medicine prescribed, given, performed, or supplied, after the passing of this Act, unless he shall prove at the trial that he is registered under the provisions of this Act.

XX. Any person who shall wilfully and falsely pretend to be, or take or use the name or title of a physician, or doctor of medicine, or surgeon, licentiate, or extra licentiate, or any other name, title, addition, or description, implying that he is registered under the provisions of this Act, or that he is recognised by law as a physician, or surgeon, or licentiate, or extra licentiate, in medicine and surgery, or in medicine or surgery, or a practitioner in medicine and surgery, or medicine or surgery, or an apothecary; or who shall receive any fee or reward from any person for the performance of any service in any of the characters before mentioned, shall, upon conviction, pay a fine not exceeding twenty pounds, or be imprisoned in any prison, not being a county jail, for any term not exceeding six months.

Downing Street, 30th March, 1860.

SIR,—In answer to your letter of the 14th instant, stating the objection of a Scotch medical practitioner in Jamaica, to an island Act recently passed, to provide for registering duly qualified medical practitioners, I am directed by the Duke of Newcastle to inform you, that although the provisions of the Jamaica Act may not be in themselves unreasonable, they are considered to be repugnant to the English statute, and therefore the Colonial Legislature will be called upon to amend them, before the Act can receive the Royal assent.

I return the copy of the Act, which accompanied your letter.

I have the honour to be, sir, your obedient servant,

C. FORTESCUE.

Sir B. Brodie, Bart.

Moved by Dr. ANDREW WOOD, seconded by Dr. A. SMITH, and agreed to—

"That the foregoing letters, and the 13th and 20th Sections of the Jamaica Bill, be entered on the minutes."

7. Moved by Dr. CHRISTISON, seconded by Dr. ALEXANDER WOOD, and agreed to—

"That a committee, consisting of Dr. Christison, Dr. Alexander Wood, Dr. Storrar, be appointed to extract from the minutes of Council such regulations as have been passed by the Council for conducting the business of the Council, and to report such alterations and new regulations as may appear to the committee to be advisable."

Confirmed—CHARLES HASTINGS.

Thursday, June 21st, 1860.

Royal College of Physicians, London.

Sir CHARLES HASTINGS took the Chair at Three o'clock P.M.

Present:—The same members as on the preceding day, except the President, with Drs. Burrows and Acland.

The minutes of the last meeting were read and confirmed.

1. There were brought before the Council several memorials, in regard to recent admissions by the Royal College of Surgeons of England.

Mr. GREEN, the representative of that body, explained that no one had received the diploma of the Royal College of Surgeons of England, without having been examined and found qualified in anatomy, physiology, and surgery, and without having been in practice for some years before the passing of the Medical Act, and without having produced certificates of respectable character.

Mr. Green having further stated that the practice of examining candidates who had not gone through a full curriculum of study ceased on the 1st of March, and would not be resumed, the Council did not think it necessary to move in the matter.

2. A memorial from some members of the Royal College of Surgeons of England, resident in the Isle of Man, relative to the examination of dentists by that College, having been read,

Moved by Dr. APJOHN, seconded by Dr. STORRAR, and agreed to—

"That this Council has no authority to interfere with the privileges, in relation to dentistry, conferred upon the College of Surgeons of England by charter, in accordance with the 48th section of the Medical Act."

3. A memorial having been received from an Association of Foreign Graduates, praying for the Registration of their Foreign Degrees,

Moved by Dr. STORRAR, seconded by Dr. ALEXANDER WOOD, and agreed to—

"That, by the 11th section of Schedule (A) of the Medical Act, the Council have authority only to register such foreign qualifications as were possessed by persons practising, by virtue of them, as physicians in the United Kingdom before the 1st of October 1858, and who can satisfy the Council that such qualifications have been conferred after regular examination."

4. A memorial from the Royal College of Surgeons of Edinburgh, relative to Licences in Midwifery, having been read,

Moved by Dr. ANDREW WOOD, and seconded by Mr. WATT—

"That as midwifery forms a branch of the education and examination of every physician and surgeon, and is not mentioned in the body of the Medical Act, apart from the qualification of physician and surgeon, it is unnecessary and inexpedient that Licences in Midwifery should be specially registered."

Amendment moved by Dr. ALEXANDER WOOD, and seconded by Dr. APJOHN—

"That the memorial of the Royal College of Surgeons of Edinburgh, in regard to Midwifery Licences, be referred to the Committee appointed to consider what amendments are required in the Medical Act."

Amendment carried.

5. Dr. ALEXANDER WOOD brought up the first Report of the Committee on special claims of Registration.

FIRST REPORT OF SPECIAL REGISTRATION COMMITTEE.

The Committee have to report that there are five applications from persons having graduated at Homœopathic Colleges in America; viz.—Henry Thomas and Thomas Smith (Homœopathic College of Pennsylvania); Samuel Eadon, James Coombs, and John Marchant Davison (Homœopathic College of Cleveland, Ohio). Of these, Thomas Smith does not profess to have been examined at the College named; and the Committee have no hesitation in recommending that his application be rejected. In regard to the cases of Henry Thomas, Samuel Eadon, James Coombs, and John Marchant Davison, who have got their degrees after examination at the Colleges named, a considerable difficulty occurs. It seems that charters are granted with very great facility by the legislatures of some of the States of America; and it therefore becomes a very grave question for the Council to decide, how far they are prepared to recognise the bodies so chartered as Foreign Universities or Colleges, in the sense intended by the Medical Act. Samuel Eadon's claim was rejected by a vote of the General Council, on the 6th August last, and he has applied for a reconsideration of his case. Henry Thomas, who claims

to be a graduate of the Homœopathic College of Pennsylvania, has addressed to the Registrar, and to each member of the Branch Council for England, a letter in the following terms:—

"SIR,—I hereby give you notice that I am a Doctor of Medicine by diploma, dated the first day of March, one thousand eight hundred and fifty-five, of a Foreign College; to wit, the Homœopathic Medical College of Pennsylvania, in the United States of North America. That I have been practising in the United Kingdom of Great Britain and Ireland, to wit, at Chester, before the first day of October, one thousand eight hundred and fifty-eight; to wit, from the year one thousand eight hundred and fifty-six, hitherto. That I have produced or forwarded by post to the Registrar of the Branch Council for England my diploma as Doctor of Medicine, and other documents, and evidence of the qualification in respect of which I claim to be registered as hereinafter stated. That I have produced to the Council certificates of my having taken my degree of Doctor of Medicine after regular examination, and have in all respects complied with, and am ready and willing to comply with, the provisions contained in the Medical Act, 21 and 22 Vict., cap. 90. I now therefore claim to be registered under, and by virtue and in accordance with, the provisions of the said Medical Act; and I demand that my name be placed upon the *Medical Register*. And I hereby further give you notice, that if this my demand be not complied with, or a satisfactory reason be not given for the non-compliance therewith, within fourteen days, such proceedings will be taken, either by mandamus, or otherwise, against you, and the members of the Branch Council of England, either individually or collectively, or both individually and collectively, as I may be advised.

"(Signed), HENRY THOMAS.

"Dated this 27th day of January, 1860."

A claim has been presented by Thomas Airey, under Section 11 of Schedule (A). The Committee are of opinion that Thomas Airey has failed to establish his claim, and ought not to be registered.

ALEXANDER WOOD, *Chairman.*

Moved by Mr. SYME, and seconded by Dr. ALEXANDER WOOD—"That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas, be registered, in strict compliance with the Medical Act."

Amendment moved by Dr. CORRIGAN, and seconded by Dr. APJOHN—"That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas, be not registered."

The further consideration of this subject was adjourned.

The following letter was read from the President:—

"14, Savile Row, W., June 21st, 1860.

"MY DEAR SIR,—I will thank you to express to the Medical Council, at their meeting this day, that, in pursuance of the notice which I have already given, it is my wish to resign my office as President of the Council, before the conclusion of the present Session.

"Although circumstances compel me to take this step, I take it with great reluctance, having had so much experience of the kindness and courtesy shown me by every member of the Council since they first did me the honour of electing me to preside over their meetings.

"I am, dear sir, yours faithfully, B. C. BRODIE.

"Dr. Hawkins."

Confirmed—B. C. BRODIE.

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
NORTH WALES. [Annual Meeting.]	Royal Hotel, Rhyl.	Tues., July 3rd, 1 P.M.
CAMBRIDGE AND HUNTINGDON. [Annual Meeting.]	Philosophical Society's Rooms, Cambridge.	Tuesday, July 10th, 2 P.M.
BATH AND BRISTOL. [Annual Meeting.]	Mineral Water Hospital, Bath.	Thurs., July 12th, 3 P.M.
METROP. COUNTIES. [Annual Meeting.]	Crystal Palace, Sydenham.	Tues., July 17, 3 P.M.

[To prevent delay, Reports of Branch Meetings should be sent direct to the office, 37, Great Queen Street.]

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Twenty-Eighth Annual Meeting of the British Medical Association will be holden in Torquay, on Wednesday, Thursday, and Friday, the 1st, 2nd, and 3rd days of August.

President—JAMES R. W. VOSE, M.D., F.R.C.P., Liverpool.

President-elect—C. RADCLYFFE HALL, M.D., F.R.C.P.L. and E., Torquay.

It is requested that all members who propose to read papers will communicate with

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, March 29th, 1860.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ANNUAL MEETING.

THE sixth Annual Meeting of this Branch was held at the Hen and Chickens Hotel, Birmingham, on Friday, June 15th; EDWARD MOORE, Esq., of Halesowen, President, in the Chair. There were also present:—H. Adkins, Esq. (Meriden); A. Allcock, Esq. (Smethwick); A. Baker, Esq. (Birmingham); E. Bartleet, Esq. (Birmingham); G. Bodington, Esq. (Sutton Coldfield); T. Boisragon, M.D. (Birmingham); C. E. Busigny, Esq. (Ombersley); T. R. Cooper, Esq. (Oldbury); Redfern Davies, Esq. (Birmingham); W. Downes, Esq. (Handsworth); H. Duncalfe, Esq. (West Bromwich); A. Fleming, M.D. (Birmingham); B. Fletcher, M.D. (Birmingham); J. J. Hadley, Esq. (Birmingham); T. P. Heslop, M.D. (Birmingham); J. L. Hobbes, Esq. (Bellbroughton); T. Howkins, Esq. (Birmingham); G. Jones, Esq. (Birmingham); F. Jordan, Esq. (Birmingham); G. Kenwrick, Esq. (Halesowen); W. J. Kite, Esq. (West Bromwich); G. B. Knowles, Esq. (Birmingham); W. Lynes, M.D. (Wednesbury); G. H. Marshall, M.D. (Birmingham); J. B. Melson, M.D. (Birmingham); T. Moore, Esq. (Halesowen); D. Nelson, M.D. (Birmingham); A. Osborn, Esq. (Stourbridge); O. Pemberton, Esq. (Birmingham); J. Russell, M.D. (Birmingham); H. E. T. Shaw, Esq. (Sutton Coldfield); W. Smith, Esq. (Redditch); J. V. Solomon, Esq. (Birmingham); S. Thomson, M.D. (Burton-on-Trent); J. Tibbits, M.D. (Warwick); W. F. Wade, M.D. (Birmingham); C. Warden, M.D. (Birmingham); and T. W. Williams, Esq. (Birmingham).

Dr. J. B. MELSON, the retiring-President, introduced Edward MOORE, Esq., of Halesowen, J.P., and Deputy-Lieutenant of the county of Worcester, as the President for the ensuing year.

Vote of Thanks to the Retiring-President. Mr. HADLEY proposed, Dr. FLEMING seconded, and it was carried by acclamation—

"That the cordial thanks of the Branch are due to J. B. Melson, Esq., M.D., for his able and considerate conduct as President during the past year."

Report of Council. Mr. PEMBERTON, one of the Honorary Secretaries, read the following report:—

"The Council of the Birmingham and Midland Counties Branch of the British Medical Association submits to the consideration of its members the following report of their proceedings during the past year, and congratulates them on the completion of the sixth year of the existence of a society that they would fain hope has done somewhat to encourage scientific research, and to promote social intercourse in the great medical and surgical district of which this town is the centre.

"Last year, the profession—and the members of the British Medical Association in particular—were called on to rejoice in the possession of a new Medical Act, promising, amongst other enactments, the long desired protection against those who fraudulently assumed the titles, as well as the offices of medical men. Under its provisions many convictions have been obtained throughout the country, and thus some notorious impostors have been brought to justice; but recent failures to obtain conviction, where the cases appeared of a most flagrant description, point out the necessity that the Medical Council should consider where the Act falls short of the intentions of its framers; and that such modifications, through their influence, should be obtained in its regulations, as may best conduce to an effective working for the benefit of the public, no less than the medical profession.

"On the passing of the Medical Act, many, if not all, of the

Examining Boards thought fit to relax for a time the regulations by which candidates had previously been admitted for their diplomas. Such facilities, when offered to gentlemen who had passed through the ordinary course of medical and surgical study, afforded no ground of complaint; but when gentlemen were found to have been admitted who had not received the necessary education, remonstrances against such proceedings were freely made throughout the profession, and in this Branch a protest was adopted and directed to be transmitted to the Royal College of Surgeons of England against the continuance of a liberality deemed to be both mischievous and misplaced.

"Early in the year, your Council earnestly bestowed its attention on the consideration of the best means whereby the character and number of the contributions to the JOURNAL of the Association might be maintained and improved. A letter on this subject, addressed to your President by Dr. Fleming, was entered on your minutes and published in the JOURNAL; and some members, adopting its suggestions, have, at the request of the Council through the Secretaries, intimated their intentions of supporting the Editor by every means in their power.

"The scientific papers offered for discussion at the meetings have embraced the following important subjects.

"1. Observations on the Anatomy and Surgery of Talipes Varus and Equino-Varus. By F. Jordan, Esq.

"2. Observations on Anæmia. By Bell Fletcher, M.D.

"3. Clinical Notes of Cancer of the Eyelids. By J. V. Soloman, Esq.

"4. Cases of Syphilitic Disease of the Cranium. By James Russell, M.D.

"5. The Pathology of Lead-Poisoning. By W. F. Wade, M.D.

"6. Virchow's Theory of Inflammation. By F. T. Bond, M.D.

"Your Council regrets that this list is not so numerous as in previous years. This circumstance, however, is not owing to a paucity in the number of papers offered for reading and discussion, but because the opportunities have been limited for their consideration, owing to the business and other matters that have necessarily taken up the time of the meetings.

"In contemplating the objects of a society like the Birmingham and Midland Counties Branch, your Council cannot lose sight of the importance of increasing the opportunities for scientific discussions, by holding more frequent meetings should such a necessity arise, and of separating the matters belonging to the business and routine of the Association from the scientific medical and surgical debates.

"Still further would they anticipate the obtaining of a more suitable place than the present in which their meetings might have a more permanent location.

"In conclusion, your Council have to deplore the loss by death during the past year of several valued members, amongst whom the names of Dr. Bailey of Wednesbury, Dr. Paxton of Rugby, Mr. Rogers of Bromsgrove, and Mr. Sanford of Wolverhampton, claim recollection and affectionate regret."

It was proposed by Mr. FURNEAUX JORDAN, and seconded by Mr. G. B. KNOWLES—

"That the report now read be received, adopted, and entered on the minutes."

Treasurer's Report. Mr. T. W. WILLIAMS, Treasurer, read his balance sheet, by which it appeared that there was a balance in the Treasurer's hands to the amount of £20 : 10 : 3.

Dr. RUSSELL proposed, Mr. G. YATES seconded, and it was carried unanimously—

"That the Treasurer's report be received, adopted, and entered on the minutes."

Election of Officers and Council. Mr. DUNCALFE (West Bromwich), proposed, Dr. MELSON seconded, and it was carried unanimously—

"That Bell Fletcher, M.D., be President-elect for the ensuing year."

Mr. SHAW (Sutton) proposed, Dr. TIBBITS (Warwick) seconded, and it was carried unanimously—

"That the following gentlemen be the Council of the Branch for the ensuing year: *For the Town*—Alfred Baker, Esq.; E. Bartleet, Esq.; G. Elkington, Esq.; A. Fleming, M.D.; J. J. Hadley, Esq.; G. H. Marshall, M.D., J. B. Melson, M.D.; W. F. Wade, M.D. *For the Country*—G. Fayrer, M.D. (Henley-in-Arden); J. L. Hobbes, Esq. (Bellbroughton); W. J. Kite, Esq. (West Bromwich); W. Lynes, M.D. (Wednesbury); J. Prichard, Esq. (Leamington); H. Walker, M.D. (Brierley Hill); W. Smith, Esq. (Redditch)."

Mr. ALLCOCK (Smethwick) proposed, Dr. HESLOP seconded, and it was carried unanimously—

"That the following gentlemen be elected representatives o the Branch in the General Council:—E. Bartleet, Esq. (Birmingham); G. Fayrer, M.D. (Henley-in-Arden): J. J. Hadley, Esq. (Birmingham); W. J. Kite, Esq. (West Bromwich); J. B. Melson, M.D. (Birmingham); J. V. Solomon, Esq. (Birmingham); W. F. Wade, Esq. (Birmingham); T. W. Williams, Esq. (Birmingham); J. O. Pemberton, Esq. (Birmingham), *ex-officio*."

Dr. WADE proposed, Mr. JONES seconded, and it was carried unanimously—

"That Mr. T. W. Williams be re-elected Treasurer for the ensuing year."

Mr. Solomon having intimated his intention to resign his office as one of the Secretaries,

Dr. MELSON proposed, Mr. T. W. WILLIAMS seconded, and it was carried unanimously—

"That Mr. Solomon's resignation be accepted; that the thanks of this Branch be given to James Vose Solomon, Esq., for his great services in the formation and supporting of this Branch as its senior Secretary."

Mr. YATES proposed, Mr. KNOWLES seconded, and it was carried unanimously—

"That Mr. Oliver Pemberton be re-elected Honorary Secretary for the ensuing year."

Notice of Motion. Mr. Solomon having kindly intimated his willingness to discharge the duties of the office of Joint-Secretary until October,

Mr. T. WATKIN WILLIAMS gave notice that, at the October meeting of the Branch, he should propose to alter Law 3.

"That its executive government be conducted by a Council, consisting of a President, President-elect, *a Secretary*, a Treasurer, and fifteen ordinary members, seven of whom shall be non-residents of Birmingham."

New Members. The following gentlemen, having been elected members of the Association, were unanimously elected members of the Branch:—Charles Edward Busigny, jun., Esq. (Ombersley); T. Moore, Esq. (Halesowen); and John Tibbits, M.D. (Warwick).

President's Address. The PRESIDENT then delivered an address.

On its conclusion, it was proposed by Dr. BELL FLETCHER, seconded by Dr. MELSON, and carried unanimously—

"That the best thanks of this meeting be given to the President for his admirable address, and for his able conduct in the chair this day; and that he be requested to print the address in the JOURNAL of the Association."

[We have received the address for publication. EDITOR.]

Dinner. The annual dinner subsequently took place at the Hen and Chickens Hotel, Birmingham, and was most numerously attended by the profession in the town and neighbourhood. Edward Moore, Esq., presided; and Bell Fletcher, M.D., occupied the vice-chair.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 12TH, 1860.

F. C. SKEY, Esq., F.R.S., President, in the Chair.

CONTRIBUTIONS TO THE PATHOLOGY OF DISLOCATIONS OF THE SHOULDER-JOINT. BY WILLIAM H. FLOWER, ESQ., F.R.C.S.

THE object of this paper was to reconcile the discrepancies and correct the errors which are found in the descriptions of the dislocations at the shoulder-joint given by most English and foreign surgical authors. In the endeavours to accomplish this object, three methods of investigation were adopted:—1. An original examination of the symptoms of recent examples, and of the published records of cases; 2. Experiments upon the dead subject; 3. Examination of all the specimens which illustrate the subject, preserved in the anatomical museums of London.

A table was appended of thirty-two recent cases, contributed by house-surgeons of several London and provincial hospitals, according to a form drawn up by the author; the principal aim having been to obtain an accurate record of the symptoms, with measurements, in a number of cases in which the exact position of the head of the humerus, so far as it could be ascertained by external examination, was established. An account

of the examination of forty specimens of dislocation at the shoulder-joint, contained in the various anatomical museums in London, formed the second table. In entering upon this part of the investigation, care was taken to exclude cases that may have been the consequence of disease; and, with this view, the differential characters of the changes produced by chronic rheumatic arthritis and by unreduced traumatic dislocation were pointed out.

The general results of the inquiry were given in observations upon some of the special forms of dislocation, of which the following are the most important.

1. *Subglenoid.* "Downwards and forwards; the head of the humerus placed in front of the inferior costa of the scapula, below the glenoid fossa." The cases contained in the appended tables appeared conclusively to confirm the observations of Malgaigne, and the modern French school, that this form of dislocation is comparatively rare—an opinion opposed to that of the majority of English, German, and earlier French authors. Of the thirty-two recent cases in Table 1, five were assigned to this variety; and of the forty specimens in Table 2, but three, even if one were included which was properly an intermediate form between this and the subcoracoid; in all, eight out of seventy-one. The author remarked that it was difficult to understand how the wide-spread error of regarding the subglenoid as the typical form of dislocation at the shoulder-joint should have been so long maintained. A simple process of reasoning upon the anatomical structure of the part would suffice to show that, whenever the humerus is thrown from its socket, it will, almost of necessity, be drawn upwards until it is arrested, either by the coracoid process in front, or the spine or acromion behind. Even in the dead subject, when the humerus is dislocated by fixing the scapula and forcibly elevating the arm, it is almost always drawn up close against the under surface of the coracoid process; *à fortiori*, in the living, must the action of the deltoid, coraco-brachialis, and biceps cause it to assume this position. In fractures about the neck of the humerus the action of these muscles in raising the lower fragment had long been recognised.

2. *Subcoracoid.* "Forwards and slightly downwards; on to the neck of the scapula, in front of the glenoid fossa, and immediately under the coracoid process." Under this term were included two varieties, which Malgaigne considers distinct, and designates respectively "subcoracoid" and "intracoracoid". The author observed that, although there are doubtless characters by which well marked cases of either can be determined, the difference between them is slight, and being rather of degree than of form, there seems no practical advantage in retaining it in our classification. The anatomical characters of this form of dislocation, when recent, were fully described in the paper, as were also the changes which take place in the ends of the bones when left long unreduced, the latter being illustrated by a diagram. The causes of subcoracoid dislocation, as illustrated in the twenty-seven cases in Table 1, were as follows:—Direct falls upon the shoulder in eleven, upon the elbow in four, upon the hand in five; while in seven cases the cause is of exceptional or doubtful nature. Symptoms: The arm was elongated in ten, unaltered in six, and shortened in eleven; the greatest elongation being one inch, the greatest shortening seven-eighths of an inch. The vertical circumference of the shoulder was increased in all. The elbow in every case projected more or less from the side, was directed backwards in eight, forwards in nine, and in the middle line, or in a position not recorded, in ten. The arm was rotated somewhat inwards in seventeen, outwards in three, and either unchanged or not recorded in seven. In about half the cases the head of the bone was felt in the axilla, without moving the arm from the side; in the other half, only after the limb was abducted; but in all the head of the bone was felt through the anterior wall of the axilla, either immediately or not more than half an inch below the coracoid process, the only real diagnostic sign of this injury.

3. *Subclavicular.* "The head of the os humeri placed below the middle of the clavicle, and on the sternal side of the coracoid process." The frequency of this form of dislocation has been much overrated in consequence of the subcoracoid not having been recognised as a common variety. A dislocation that was not subglenoid was supposed necessarily to be subclavicular. The cases in which the position of the bone exactly corresponds with the above definition of Sir A. Cooper must be very rare indeed, although there are a sufficient number on record to prove the existence of this as a distinct variety. There is no preparation in any of the London museums which shows it.

In conclusion, the author stated that all original and unbiassed observation seemed to point to the subcoracoid as the typical position of the head of the bone in traumatic dislocations of the humerus, and a general recognition of this fact would in his opinion be an important step in the process of eradicating many of the difficulties and errors in which the pathology both of the injuries and diseases of the shoulder-joint had hitherto been involved.

ON THE CLIMATE OF WORTHING: ITS REMEDIAL INFLUENCE IN DISEASE, ESPECIALLY OF THE LUNGS.

BY WALTER G. BARKER, M.B. LOND.

The author commenced by expressing a belief that in the present day, when that department of medical science which consists in the art of preventing disease justly holds so prominent a position, any information on the subject of climate, and especially on the peculiarities of one so near to the metropolis, and so easy of access from all parts of the kingdom, could not fail to be acceptable to the Fellows of the Society. He then proceeded to consider those laws which regulate climate generally, and to show that, in obedience to these, it must possess an atmosphere which the observations that have extended over a period of upwards of ten years prove it to have. He next pointed out the practical application of meteorological science, and then, after briefly alluding to the normal constituents of the atmosphere, stated that the subject of climate, instead of having relation to these, had reference rather to those atmospheric conditions or elements which exist in very variable proportions, these differences depending entirely upon the locality. These he included under five heads, viz.:—1. The temperature. 2. The humidity. 3. The pressure of the atmosphere, horizontal and perpendicular. 4. The ozone (?). 5. Other accidental ingredients. A short reference was also made to atmospheric electricity, the vegetation of the district, the instruments used, the purity of the air, the quality of the water, and the mortality of the town. Then the influence of atmospheric vicissitudes upon the system was discussed; and, lastly, the applicability of the climate of Worthing to particular diseases.

1. On the subject of *temperature*, the author first enumerated the causes which influence this—viz., the sun's rays, the proximity of the water to the land, the sheltered position of a locality, its geological character, its altitude, its aspect, and the humidity. He then proceeded to show that there was a close correspondence between the climates of Ventnor, South Devon, and Worthing, and a wide difference between these and the interior and north of England, especially as regards range of temperature—being in the former exceedingly small, chiefly on account of their exposure to marine influences, and in the latter large; the annual ranges being about 20° less on the south coast than in the interior—namely, 10° warmer in the winter, and 10° cooler in the summer, with quarterly, monthly, and daily ranges corresponding to these.

2. The subject of *humidity* and its importance was then referred to, and the well-known irritating effects upon the pulmonary organs of the north-east wind, and the soothing influence of the south-west wind; the former being dry and arresting secretion, the latter moist and favouring it. A summary was then given of the humidity of England in 1858, from thirty-seven observatories. Saturation being represented by 100, the mean humidity of the whole of England was 82; at sea-side places, 86; inland places, 81; and intermediate places, 83. The subject of rain was then noticed. The number of rainy days and the amount of rain that fell were found to be less at Worthing than at Ventnor and South Devon.

3. As to the *pressure of the atmosphere*, horizontal and perpendicular, the former, or that of the winds, was materially reduced by the sheltered position of the town of Worthing; whilst the latter, as indicated by the barometer, is somewhat less, and its fluctuation greater, in the north than in the south of England, the difference being about one-tenth of an inch.

4. The subject of *ozone* (?) next engaged attention. On this, the author observed, great labour had been bestowed, with a view of elucidating its nature. The first noticeable and interesting fact was the presence of this principle with the winds from off the ocean, and its absence with those from the land; and in order to prove that the mere direction of the wind had nothing to do with the presence or absence of this principle, he entered into a correspondence with several gentlemen at observatories both in England and America. He gave an extract from a communication from Scarborough, which showed that, whilst at Worthing the ozone winds were mainly S. and S.W., at Scarborough they were E., or from any point between N.E. and S.E.; and by another letter, from a gentleman who had

taken observations during a voyage from England to Australia on board the ill-fated *Royal Charter*, it appears that ozone is always present at sea. At Worthing the number of days on which ozone was present in 1858 was 305, and the daily average 4·4; whilst at Bedford, in the interior of England, it was present on 91 days only, and the average amount throughout the year was 0·9. The author therefore considered it as an established fact that the chief source of this principle is the ocean. The next discovery was the close correspondence between the amount of chloride of sodium in the air and rain-water and the existence of ozone (?) in the atmosphere. In the meantime careful observations were made to discover if any relation existed between it and electric phenomena, but with an entirely negative result. The conclusion arrived at from the above circumstance was, that the atmospheric principle to which the name of ozone has been given was free chlorine, developed by the decomposition of chloride of sodium. Experiments were then made by an aspirator, and during a month 1600 gallons of air were drawn through—first, a chloride of calcium tube filled with wool; secondly, a Woulff's bottle containing two ounces of water; thirdly, another containing a weak solution of potash. At the same time air was drawn through solutions of indigo, which were decolorised with a rapidity corresponding to the colouring of the test-papers. On analysis, however, no proof of free chlorine was given; still the author considers, from the above facts, that the balance of evidence is in favour of its being free chlorine, and not ozone.

5. Under the head of *accidental ingredients*, he noticed only two: chloride of sodium, which has been largely detected, and iodine, which, from having been found, in combination with bases, in sea-water, in marine plants and animals, and in several kinds of plants growing near to the sea, as well as from the odour of the ocean, may be fairly presumed to exist.

The subject of electricity was then referred to. The author affirmed that we have no proof that altered electric conditions of the atmosphere produce any influence whatever on the human system, all the effects that have been attributed to it being easily accounted for by altered temperature, humidity, and barometric pressure of the air.

The purity of the air was then considered, and its causes enumerated—viz., the small population of the town (about 6000); the extent of acreage over which this is distributed; the proximity of the hills to the north, and of the sea to the south; the character of the soil; the complete freedom from malaria, and therefore from intermittent fever; the absence of every kind of manufacture; and, lastly, the drainage of the town, which is perhaps the most complete in the kingdom. The excellent quality of the water was then mentioned. The death-rate of the town, as affording the best evidence of its sanitary condition, and to a great extent of its sanative influence, was given for ten years, the average being 16·3 per 1000; for the last three years, 15·9; and last year, only 14·5 per 1000.

The influence of atmospheric vicissitudes was then discussed. That of temperature, being well known, was only briefly noticed; that of humidity he showed by numerous examples, where this was marine or on land, it was free from the products of animal and vegetable decomposition, it was most conducive to the health and development of the system, and beneficial in the prevention, alleviation, and cure of pulmonary disease. The fluctuations in the perpendicular pressure of the atmosphere, as indicated by the barometer, occurring to the extent of about two inches, and representing an altered condition of pressure of about one pound on a square inch of surface, was also shown by several examples, both in health and disease, to materially influence the human system.

The uses and influence of ozone (?) were then noticed, which the author considered was the grand agent intended by our beneficent Creator to maintain the purity of the air; that whilst plants, during their vital activity, absorb the carbonic acid, and prevent its noxious effect, so the ozone combines with the other products of animal and vegetable decomposition, and thus the atmosphere is maintained in a state of constant purity, and the oxygen allowed to exert to the fullest extent its invigorating influence. With respect to its direct effect, there was no proof of this; but he considered it only reasonable to infer, from the well-known properties both of ozone and chlorine, that if there be any, it is that of a gentle stimulant to the lungs and air-tubes during the process of respiration.

Finally, he referred to the accidental ingredients—chloride of sodium and iodine; the first, he considered, also produced a stimulating influence on the lungs and air-tubes, and that the latter was an alterative tonic and stimulant to the system generally, and hence the benefit of a sea-side air in scrofula and its allied disease, pulmonary consumption.

The last paragraph was now approached—viz., the applicability of the climate of Worthing to the cure and alleviation of disease. In this he proceeded: From what has already been said of the nature of the climate of Worthing on the one hand, and the effects of vicissitudes of the atmosphere on the other, its sanative influence, and the diseases to which it is applicable, will be readily understood. From its small annual ranges of temperature, being warm in winter, and cool in summer, and being alike free from extreme dryness and extreme humidity; from its southern aspect, and from the doubly-sheltered position of its sea frontage from northerly winds, these being first diminished in their force by the hills to the north and north-east, and then by the almost uninterrupted line of buildings on the shore,—it may be considered to possess an atmosphere eminently adapted to establish the healing process in ulcerated lungs, and, also, to be equally beneficial in other diseases of these organs, as well as in chronic rheumatism, in renal diseases, and in every variety of scrofula; lastly, it is especially adapted for aged persons, children, and invalids from hot climates.

The author then concluded by alluding, in a few words, to the phenomena of respiration, to show the importance of those differences, however minute they may appear, which constitute the varieties of climate, and the beneficial influence which one may exert over that of another, and, also, the practical value of meteorological science in the treatment of those diseases which are especially benefited by climate—a knowledge of which was considered as necessary as acoustics in disorders of the ear, or optics in those of the eye; at least he affirmed it was an important aid in the treatment of these, and without which our best-directed efforts will often fail.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, JUNE 5TH, 1860.

WALLER LEWIS, M.D., in the Chair.

SUGGESTIONS ON EPIDEMIOLOGICAL OBSERVATIONS.

BY J. N. RADCLIFFE, ESQ.

MR. RADCLIFFE submitted to the Society certain considerations, which he believed showed the feasibility of establishing a permanent plan of cooperative epidemiological observation. He assumed that, from the general inquiries instituted by the Society from time to time in regard to particular epidemics, as in the case of diphtheria, the members were of accord as to the value of such inquiries, if they could be effectively carried out. He pointed out what he conceived to be a more effectual mode of conducting such inquiries; but, at the same time, expressed the opinion that an endeavour should be made to establish a permanent scheme of epidemiological observation. He suggested one or two points calculated to promote such a scheme; but he discussed the question only so far as to elicit from the Society an expression of opinion as to the propriety of taking specially into consideration by the Society the whole question of epidemiological observation.

Dr. WALLER LEWIS very much approved of the opinions which Mr. Radcliffe had advanced, and thought that his suggestion for a deliberate investigation of the subject should be acted upon by the Society.

Dr. MILROY agreed in opinion with Dr. Waller Lewis.

Dr. MURCHISON doubted whether any advantage would be, or had been, derived from cooperative observation in epidemics; the difficulty of establishing a trustworthy method being, he feared, almost insuperable. He thought, however, that the subject was one deserving of consideration by the Society, as Mr. Radcliffe suggested.

Dr. CAMPS also doubted whether any good would arise from attempting to establish a permanent system of cooperative observation; and he questioned the feasibility of instituting a system. But he thought that it would be well for the Society to take up the question specifically, and thoroughly examine it.

Dr. MCWILLIAM held that the question broached by Mr. Radcliffe was one of great importance, and one which the Society was very much interested in having properly solved. But he conceived that the Society would have been much better able to deal with the matter had Mr. Radcliffe submitted a definite scheme of observation to it.

Dr. HAWARD fully approved of Mr. Radcliffe's suggestions.

Mr. RADCLIFFE, in reply, expressed his gratification that the members present appeared to be tolerably unanimous as to the

propriety of a further discussion of the subject; but he would suggest that no steps should be taken in the matter at so late a period of the session. He had simply wished to break the question; and he was prepared, if the proposal met the approval of the members, to act upon the hint derived from Dr. McWilliam, and submit a method of observation to the Society in the ensuing session, and so put the discussion of the question upon a more definite basis.

This suggestion met with the unanimous approval of the meeting.

Editor's Letter Box.

VENTILATION OF SCHOOLROOMS.

LETTER FROM FREDERICK H. HARTSHORNE, ESQ.

SIR,—Several letters have lately appeared in the *Times* newspaper upon the ill effects produced by the want of ventilation in schoolrooms; and some correspondents have asked to be made acquainted with the details of a plan of doing so, or even of a partial remedy. I therefore sent to the editor the following means of ventilation; but, as it has not been inserted in that paper, I now send it to you; and, if you think that it is deserving of being made known, perhaps you will allow it to be published in the JOURNAL.

An iron plate should form the back of the fireplace; behind this plate, a chamber should be made, the size of the plate; this chamber should communicate through the space beneath the floor (or by a pipe), through the wall of the building, with the external air; another aperture should be made at the top of the chamber through the wall into the room; or, better still, a pipe should be carried from the chamber and open into the room at the most distant part from the fireplace.

By this simple plan, which admits of many modifications and applications, any room or building may be most efficiently ventilated and *warmed;* for, if such a chamber were constructed at the back of a kitchen fireplace or cooking apparatus, and from it a pipe, furnished with a valve or stopcock, were carried into every room in the house, we may at pleasure admit air which is fresh, warm, and dry; and, of course, this would obviate all cold draughts from doors and windows.

It is reported that the Netley Hospital is defective in ventilation. If this system were adopted, it would be a perfect remedy; and it may also be advantageously applied to warm conservatories, halls, and corridors, the dormitories of schools, barracks, workhouses, and hospital wards.

In my house I have, at the back of a small fireplace, an iron plate, about twenty inches by twelve inches, and three-quarters of an inch thick (if thinner, it is liable to crack); the chamber behind is the same size, but open twelve inches at the bottom, and diminishes to two inches at the top; this is made to communicate with a large bedroom above; and in this room, in two hours, the temperature has been raised from 28° to 57° Fahr., the thermometer being placed on the side of the room opposite to that on which the warm air entered. I am, etc.,

FREDERICK H. HARTSHORNE, L.R.C.P.Ed., M.R.C.S.

Broseley, June 25th, 1860.

THE MEETING OF THE SOUTH MIDLAND BRANCH.

LETTER FROM R. S. STEDMAN, ESQ.

SIR,—In the report of the annual meeting of the South Midland Branch, published in the JOURNAL of June 23rd, there exists a considerable error. In Dr. Webster's speech, that gentleman stated that "all would unite heartily in bearing testimony to the activity, energy and zeal which Dr. Barker had displayed on all occasions in advancing the welfare of the Association;" but he did not add, "and the honour of the profession." He then said that it was "his duty now to vacate the chair," etc.; but he did not say, "he felt pleasure in vacating," etc. These inaccuracies may to many appear trivial, but to many of our members the necessity for the correction will be sufficiently obvious.

I am, etc., ROBERT S. STEDMAN.

Sharnbrook, June 25th, 1860.

Parliamentary Intelligence.

HOUSE OF LORDS.—Thursday, June 21st, 1860.

Adulteration of Food and Drink. Upon this Bill going into Committee,

Lord TEYNHAM said that if the first clause remained as it was, the Bill would become a nullity. The words of the clause were: "Every person who should sell any article of food or drink in which, to the knowledge of such person, any ingredient had been mixed." He thought it would be impossible to prove a knowledge in the first instance, though it might be in the second. Take, for instance, the adulteration of milk, in which the infants of the poor were sacrificed. It was of vast importance to a poor man's family that they should receive the proper proportion of nourishment for their penny, and that the milk should not be adulterated. And the same argument applied to the case of sugar adulterated with sand or sawdust, and in the case of numerous simple and composite articles, the knowledge of which could not be brought home, so that the Bill would be rendered inoperative, and no conviction could be had. If it should appear probable that there was an ignorance of adulteration, the clause was now so framed that, the minimum punishment being taken away, nothing would remain but the cost of the summons before the magistrate, and he therefore proposed to omit the words, "with the knowledge of such person".

After some observations from the LORD CHANCELLOR and Lord WENSLEYDALE, from which it appeared that a similar proposal had been made in Committee and unanimously rejected, and that the Bill provided penalties in such cases,

The amendment was negatived, and the Bill passed through Committee.

HOUSE OF COMMONS.—Friday, June 22nd, 1860.

Criminal Lunatic Asylums Bill. This Bill was read a third time, and passed.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

** In these lists, an asterisk is prefixed to the names of Members of the Association.*

BIRTHS.

Of sons, the wives of—

DALE, Alfred J., Esq., Assistant-Surgeon 12th Irregular Cavalry, at Bareilly, on May 12.

FALLS, W. S., Esq., Surgeon, at Bournemouth, on June 16.

HILL, G. B., Esq., Surgeon H.M.S. *Tribune*, at Rogate, Sussex, on June 18.

*JACKSON, Matthew, Esq., Market Weighton, on June 19.

Of daughters, the wives of—

BUBB, H. Warner, Esq., Welwyn, on June 16.

STEGGALL, John W. B., Esq., Surgeon, Queen Square, on June 15.

WAGGETT, John, M.D., Stanley Terrace, on June 17.

MARRIAGES.

BAILEY, George H., Esq., Surgeon, to Anne G., elder daughter of J. H. ELFORD, Esq., of Woodlands, Isleworth, on June 21.

WALKER, Thomas H., M.D., Tolleshunt d'Arcy, to Ellen, youngest daughter of the late Thomas ALLEN, Esq., of the same place, at St. George's, Hanover Square, on June 21.

DEATHS.

ANDERSON, Andrew, M.D., formerly Surgeon 92nd Highlanders, at Edinburgh, on June 19.

SHILLITO. On June 21st, at Putney, aged 83, Catherine, widow of the late Charles Shillito, M.D.

STOWE, William, Esq., Surgeon, at Buckingham, aged 69, on June 22.

WARCUP. On April 21st, at Melbourne, the Rev. Thomas C. E. Warcup, chaplain of H.M.S. *Pelorus*, only son of William M. Warcup, M.D., of Seaming, Norfolk.

APPOINTMENTS.

BRISTOWE, J. S., M.D.
PEACOCK, T. B., M.D.
BRINTON, William, M.D. } elected Physicians to St. Thomas's Hospital.

*CLAPTON, E., M.D., elected Assistant-Physician to St. Thomas's Hospital.

*EDWARDS, George N., M.D., elected Assistant-Physician to St. Bartholomew's Hospital.

HULME, E. C., F.R.C.S., appointed Surgeon to the London Ophthalmic Hospital.

JONES, Sydney, Esq., elected Assistant-Surgeon to St. Thomas's Hospital.

PASS LISTS.

ROYAL COLLEGE OF SURGEONS. The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on June 14th:—

BADDELEY, William E., Newport, Shropshire; diploma of membership dated May 17, 1841
BRUSH, John Ramsay, M.D., Army; May 15, 1840
GODSON, Charles, Barnet, Herts; December 18, 1840
HOBBS, William, Royal Navy; June 10, 1828
INNES, John H. K., C.B., Deputy Inspector-General, Army; July 19, 1841
PEARSON, Henry, Ely; January 22, 1841
STEWART, Henry C., North Bank, Regent's Park; July 9, 1841
WAGGETT, John, M.D., Stanley Terrace, Notting Hill; August 27, 1841

LICENTIATES IN MIDWIFERY admitted at a meeting of the Board, on June 20th:—

COOPER, William, Runcorn; diploma of membership dated August 5, 1842
COX, Richard, Aldermaston, Berkshire; August 31, 1859
GREENHILL, Joseph R., Lewes; April 13, 1860
HANDCOCK, George, Cad-Beeston, Yorkshire; July 2, 1858
LONG, Alexander, Liverpool; May 30, 1860
ROBERTSON, Lennox, Aberdeen
ROBINSON, George H., Cork; April 13, 1860
THANE, Wm. D., Bedford Row, Bloomsbury; May 8, 1860
WARNER, John, Leighton Buzzard; April 16, 1860
WILLIAMS, Evan E., Llandyssil, Carmarthen; April 16, 1860

MEMBERS admitted at a meeting of the Court of Examiners on Friday, June 22nd, 1860:—

BRECKNELL, W. H., Gateshead
CROUCHER, Henry, Bexley
ELLIOT, Augustus F., Exeter
HARRISON, George, Grosvenor Street
McDONNELL, John, Stoke Newington
MORRIS, James M., West Bromwich
WILLIAMS, C., Williton

UNIVERSITY OF DURHAM. At a convocation holden on Tuesday, June 19th, the degree of M.B. was conferred on

ARNISON, William C.
FAULDER, John J. } Bishop Cosin's Hall

LIVERPOOL MEDICAL REGISTRATION ASSOCIATION.

A SPECIAL general meeting of this Association was held at the Medical Institution, Mount Pleasant, Liverpool, on Tuesday, June 19th; ELLIS JONES, Esq., President, in the chair.

The CHAIRMAN said, the members had been summoned to consider what course should be adopted in reference to the recent alterations in the laws and constitution of the London Medical Registration Association, with which they were affiliated.

Mr. STEELE, the Honorary Secretary, then read the Report of the Committee, from which it appeared that, under the new laws, the annual subscription for affiliated Associations would be at the rate of one guinea for every ten members, instead of the present uniform charge of one guinea a year for the whole society. The funds thus raised were to be allocated to the prosecution fund at the disposal of the Executive Committee; but it was not contemplated to defray out of that fund legal expenses incurred by affiliated Associations, except in the case of the smaller and less affluent provincial societies, to whom assistance, at the discretion of the Committee, might be given. The question of placing the new Association upon a strictly representative basis was recognised by the London meeting as most important, and deserving full consideration; but, having been ruled as out of order at the special meeting, it could not then be discussed.

After a discussion in which several members present took part, the following resolutions were unanimously adopted:—

1. Proposed by Mr. BICKERTON, and seconded by Mr. ANDERTON—

"The London or National Medical Registration Association having, by their new code of laws, raised the subscription for affiliated Associations from the present uniform rate of one guinea to the greatly increased charge of one guinea for every ten members, the members of this Association, unable to discern any equivalent advantage to compensate for so large an expenditure of their funds, do not feel justified in renewing their affiliation with the metropolitan Association on the terms proposed."

2. Proposed by Dr. STOOKES, and seconded by Mr. PATERSON—

"That this meeting desires to record its approval of, and to express its readiness to promote, the proposal to form a National Medical Registration Association, provided the projected society be formed upon a strictly representative basis, and that the rate of subscription be sufficiently moderate to place it within reach of every member of the profession who may wish to join."

It was also resolved that a copy of the proceedings of this meeting be sent to the Honorary Secretary of the London Association, and to the medical journals. The usual compliment to the chairman concluded the business.

EPIDEMIOLOGICAL SOCIETY. On Monday, July 2nd, there will be read a Report on the Outbreak of Cholera among the British Troops at Scutari during November 1855. By P. Fraser, M.D., Physician to the London Hospital.

HEALTH OF LONDON—JUNE 23RD, 1860.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week ..... Boys .. 837 Girls .. 851	1688	965
Average of corresponding weeks 1850-9	1606	1098

Among the causes of death were—bronchitis, 58; pneumonia, 32; phthisis, 139; small-pox, 15; scarlatina, 35; measles, 47; diphtheria, 10; hooping-cough, 20. The deaths from pulmonary diseases (exclusive of phthisis) were 108, being 9 below the corrected average.

Barometer:
Highest (Fri.) 29·856; lowest (Sun.) 29·412; mean 29·647.

Thermometer:
In sun—highest (Fri.) 119·0 degrees; lowest (Sun.) 80·5 degrees.
In shade—highest (Fri.) 71·0 degrees; lowest (Tu.) 46·6 degrees.
Mean—56·6 degrees; difference from mean of 43 yrs.—3·2 degrees.
Range—during week, 24·4 degrees; mean daily, 16·9 degrees.
Mean humidity of air (*saturation* = 100), 87.
Mean direction of wind, S.W.—Rain in inches, 1·54.

TO CORRESPONDENTS.

Members should remember that corrections for the current week's JOURNAL should not arrive later than Wednesday.

Communications have been received from:—DR. LIONEL BEALE; THE LECTURERS OF THE MIDDLESEX HOSPITAL; DR. T. SKINNER; MR. T. W. NUNN; MR. JAS. ROUSE; MR. T. L. PRIDHAM; DR. P. H. WILLIAMS; MR. OLIVER PEMBERTON; MR. F. H. HARTSHORNE; MR. M. JACKSON; MR. AUGUSTIN PRICHARD; DR. P. W. LONG; MR. ROBERT S. STEDMAN; MR. J. Z. LAURENCE; MR. T. M. STONE; DR. F. HAWKINS; DR. G. N. EDWARDS; MR. E. MOORE; MR. P. C. PRICE; and MR. T. O'CONNOR.

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Thos. Taylor, Esq., Birmingham
T. G. Traquair, M.D., 1, Eccleston Square, Pimlico
Thomas B. Winter, Esq., Brighton
John Weaver, Esq., Chester

TREASURER—Robert Dunn, Esq.
BANKERS—Messrs. Gosling and Sharpe, 19, Fleet Street.
SECRETARY—John Capes, Esq.

The objects of this Society are—

1st. To provide a safe and efficient medium by which the Medical Profession may secure more certain and regular payment for their services; with every consideration for the convenience of those who are willing, but unable directly to discharge their liabilities; with rigour from those who are able, but have not the disposition to remunerate medical men.

These ends are to be accomplished without interfering with the valuable time of the Members of the Profession, or exposing them to the unpleasantness which necessarily attends applications for money, or to the uncertainty and risk of employing private collectors.

2nd. To assist Members with information and advice in the purchase and sale of Practices.

3rd. To raise a Benevolent Fund by devoting to that object the profits arising from the general operations of the Society.

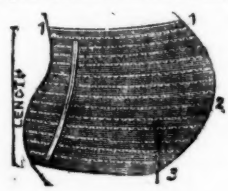
The Society consists of qualified Medical Practitioners *only*. Annual Subscription, One Guinea; a Firm, consisting of two Partners, a Guinea and a half; a Firm of three Partners, Two Guineas. Fixed rates of Commission are also charged on business transacted.

The general business is carried on by a staff of officers at the Central Office, 43, Lincoln's Inn Fields, together with trustworthy employés appointed in town and country, the whole of whom are under the direction and superintendence of the Committee.

The Metropolitan Members of the Committee, with the Trustees, are responsible for all moneys received by the staff.

Mr. Bourjeaurd's Spiral Elastic

COMPRESSIONAL APPLIANCES, Registered, to be obtained only at No. 11, DAVIES STREET, BERKELEY SQUARE, W., and at No. 11, RUE DES BEAUX ARTS, PARIS, and through Medical Practitioners.



Mr. BOURJEAURD, in submitting the accompanying Diagrams, presents his best thanks to the Members of the Medical Profession for their unceasing support of his invention of the Spiral Elastic Compressional Principle in Surgical Appliances, and for the continuance of recommendations in all parts of the kingdom. At the same time, he feels it incumbent upon him to remind his friends, that this Invention was registered by him in February 1848, and, immediately after, advertised in the Medical Journals; thus affording an undeniable contradiction to the assertions of the appropriators of his principle, who have never appeared till within the last three and a half years, and yet style themselves Patentees, Registrars, etc., of the Spiral Principle. Mr. B. having served as Surgeon in the French Navy has had great experience in bandaging; he has likewise been established eleven years in London, confining his attention entirely to cases indicating the necessity of compression; and begs leave to state that it is his firm impression that Patients should have the assistance of their Medical Attendant whenever the Spiral Elastic Bandages are applied, or otherwise should be attended by himself, as it must be admitted to be exceedingly hazardous for the suffering to entrust their limbs or cases of Hernia to persons totally ignorant of anatomical or physiological laws.

Mr. B. begs to state that he has very much enlarged his Manufactory, and is prepared to supply these valuable appliances, wholesale and for exportation, 30 per cent. lower than the imitations.

N.B. Near Mivart's Hotel. No. 11, DAVIES STREET, BERKELEY SQUARE, between Brook Street and Grosvenor Street. The Establishment is strictly private; no shop or show of bandages in the window. At home from 10 till 6. Female Attendance for Ladies.